

File No. _____



NEW MEXICO OFFICE OF THE STATE ENGINEER

APPLICATION FOR PERMIT TO CHANGE AN EXISTING WATER RIGHT (Non 72-12-1)

(check applicable boxes):



For fees, see State Engineer website: <http://www.ose.state.nm.us/>

<input type="checkbox"/> Change Purpose of Use	<input type="checkbox"/> Change Point of Diversion (POD): From: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water To: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	<input type="checkbox"/> Additional Groundwater Point of Diversion (POD)
<input type="checkbox"/> Change Place of Use		<input type="checkbox"/> Additional Surface Water Point of Diversion (POD)
<input type="checkbox"/> Temporary Request - Requested Start Date:		Requested End Date:

1. APPLICANT(S) (Required) Note: water-right owner must be listed as an applicant.

Name:	Name:
Contact or Agent: <input type="checkbox"/> check here if Agent	Contact or Agent: <input type="checkbox"/> check here if Agent
Mailing Address:	Mailing Address:
City:	City:
State: Zip Code:	State: Zip Code:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Phone (Work):	Phone (Work):
E-mail (optional):	E-mail (optional):

2. CURRENT OSE FILE INFORMATION (Required)

OSE File No(s):	Priority Date (if known):
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3. CURRENT PURPOSE OF USE AND AMOUNT OF WATER (Required)

<input type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Use (specify): _____ Describe a specific use If applicable (i.e. sand & gravel washing, dairy etc): _____	Amount of Water (acre-feet per annum): If more details are needed, type "See Comments" in "Other" field below, and explain in Additional Statements Section. Diversion: _____ Consumptive Use: _____ Other (include units): _____
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FOR OSE INTERNAL USE

Application for Permit, Form wr-06, Rev 12/14/11

File Number:	Trn Number:
Trans Description (optional):	
Sub-Basin:	
PCW/LOG Due Date:	PBU Due Date:

4. COUNTY WHERE WATER RIGHT IS CURRENTLY USED (Required)

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5. ADDITIONAL STATEMENTS CONCERNING THE CURRENT WATER RIGHT

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6. CURRENT or MOVE-FROM POINT(S) OF DIVERSION (POD) (Required)

<input type="checkbox"/> Surface POD OR <input type="checkbox"/> Ground Water POD (Well)
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Name of ditch, acequia, or spring:	
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Stream or water course:	Tributary of:
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If application proposes a new point of diversion involving a diversion dam, storage dam, main canal, and/or pipeline, complete Attachment 2. Check here if Attachment 2 is included in this application packet.

POD Location Required: Coordinate location must be reported in NM State Plane (NAD 83), UTM (NAD 83), or Latitude/Longitude (Lat/Long - WGS84)

<input type="checkbox"/> NM State Plane (NAD83) (Feet)	<input type="checkbox"/> UTM (NAD83) (Meters)	<input type="checkbox"/> Lat/Long (WGS84) (to the nearest 1/10 th of second)
<input type="checkbox"/> NM West Zone	<input type="checkbox"/> Zone 12N	
<input type="checkbox"/> NM East Zone	<input type="checkbox"/> Zone 13N	
<input type="checkbox"/> NM Central Zone		

POD Number (if known):	X or Easting or Longitude:	Y or Northing or Latitude:	Optional: Complete boxes labeled "Other" below with PLSS (Public Land Survey System, i.e. Quarters, Section, Township, Range); Hydrographic Survey Map & Tract; Lot, Block & Subdivision; OR Land Grant Name if known.

NOTE: If more PODS need to be described, complete form WR-08 (Attachment 1 – POD Descriptions)
Additional point of diversion descriptions are attached: Yes No **If yes, how many** _____

Point of Diversion is on Land Owned by:

Other description relating point of diversion to common landmarks, streets, or other:

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8. MOVE-TO PURPOSE OF USE AND AMOUNT OF WATER (Complete this section ONLY if the purpose of use is changing)

<input type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other Use (specify): _____ Describe a specific use If applicable (i.e. sand & gravel washing, dairy etc): _____	Amount of Water (acre-feet per annum): If more details are needed, type "See Comments" in "Other" field below, and explain in Additional Statements Section. Diversion: _____ Consumptive Use: _____ Other (include units): _____
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9. MOVE-TO POINT(S) OF DIVERSION (POD) (Complete this section ONLY if adding or replacing a POD)

<input type="checkbox"/> Surface POD OR <input type="checkbox"/> Ground Water POD (Well)			
Name of ditch, acequia, or spring:			
Stream or water course:		Tributary of:	
If application proposes a new point of diversion involving a diversion dam, storage dam, main canal, and/or pipeline, complete Attachment 2. <input type="checkbox"/> Check here if Attachment 2 is included in this application packet.			
POD Location Required: Coordinate location must be reported in NM State Plane (NAD 83), UTM (NAD 83), or Latitude/Longitude (Lat/Long - WGS84)			
<input type="checkbox"/> NM State Plane (NAD83) (Feet) <input type="checkbox"/> NM West Zone <input type="checkbox"/> NM East Zone <input type="checkbox"/> NM Central Zone	<input type="checkbox"/> UTM (NAD83) (Meters) <input type="checkbox"/> Zone 12N <input type="checkbox"/> Zone 13N	<input type="checkbox"/> Lat/Long (WGS84) (to the nearest 1/10 th of second)	
POD Number (if known):	X or Easting or Longitude:	Y or Northing or Latitude:	Optional: Complete below with PLSS (Public Land Survey System, i.e. Quarters, Section, Township, Range); Hydrographic Survey Map & Tract; Lot, Block & Subdivision; OR Land Grant Name if known.
NOTE: If more PODS need to be described, complete form WR-08 (Attachment 1 – POD Descriptions) Additional POD descriptions are attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many _____			
Other description relating point(s) of diversion to common landmarks, streets, or other:			
Point of Diversion is on Land Owned by:			
Note: The following information is for wells only. If more than one (1) well needs to be described, provide attachment.			
Approximate depth of well (feet):		Outside diameter of well casing (inches):	
Driller Name:		Driller License Number:	
If replacing the current well, is the current well to be plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If No, state for what use it is retained:			

FOR OSE INTERNAL USE

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