



WATERMASTER APPLICATION REVIEW

Application #: 19156

Applicant's Name: Reed, Kathleen and David

- 1) Would the proposed allocation have the potential for injury to existing rights?

☒ Yes ☐ No

- 2) If the proposed allocation will cause injury, can it be conditioned to avoid injury?

☒ Yes ☐ No If Yes, please list conditions:

use only when other rights being met

- 3) Have you spoken with persons from other state agencies about this application?

☐ Yes ☒ No If yes, whom and why?

- 4) Please select the appropriate measurement, recording and reporting condition for this application.

☒ **Small** < 0.1 CFS, < 9.2 AF

☐ **Medium** > 0.1 CFS but < 0.25 CFS, > 9.2 AF but < 100 AF

☐ **Large** > 0.25 CFS, > 100 AF

☐ Require a staff gage if source is runoff or if the reservoir is located in-channel.

☐ Require an in-line flow restrictor.

- 5) Please provide any additional information or conditions that you believe are necessary for this application.

Watermaster Name: Susan Douthit

Watermaster Signature: *Susan Douthit*

Date: 12/12/2022

WRD Caseworker: Elisabeth Graham

Ph: 503-986-0900/ Fax: 503-986-0901