



# WATERMASTER APPLICATION REVIEW

Application #:

Applicant's Name:

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:

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:

Watermaster Signature:

A handwritten signature in grey ink, appearing to be "John".

Date:

WRD Caseworker:

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