



# WATERMASTER APPLICATION REVIEW

Application #:

Applicant's Name:

- 1) Would the proposed allocation have the potential for injury to existing rights?  
 Yes    No
  
- 2) Have you spoken with persons from other state agencies about this application?  
 Yes    No   If yes, whom and why?
  
- 3) 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.
  
- 4) Please provide any additional information or conditions that you believe are necessary for this application.

Watermaster Name:

Watermaster Signature: *Joel Plahn*

Date:

WRD Caseworker:

503-986-0900/ Fax 503-986-0901