

# WATERMASTER

## WATER RIGHT PERMIT APPLICATION REVIEW



Application Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### Evaluation of potential for injury to other water rights:

1. Would the proposed water allocation have the potential for injury to other water rights?

Yes                       No

2. If the proposed water allocation will cause injury, can the permit be conditioned to avoid injury?

Yes                       No                       N/A

If "Yes", please list conditions necessary to avoid injury:

### Evaluation of appropriate Measurement, Recording and Reporting Condition:

3. Please select the measurement device(s) required for any permit issued under this application.

Totalizing Flow Meter                       Other/None – please describe below:  
 Staff Gage

4. Please select your recommended reporting requirement for any permit issued under this application. Please consider site-specific information, including but not limited to potential for injury to other water rights, regulation history of the area, and level of stakeholder interest in the application.

Require recording of volume of water diverted each month and require submission of a report to the Department annually.  
 Do not require recording and reporting at this time.

5. Please provide any additional information or permit conditions that are necessary for this application:

6. Would you like to review a draft of any permit that might be issued under this application?

Yes                       No

WM name: \_\_\_\_\_ WM Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Application Caseworker: \_\_\_\_\_