WATERMASTER WATER RIGHT PERMIT APPLICATION REVIEW



| _ | Dication Number: DEPARTME | N |
|-----------|---|---|
| | luation of potential for injury to other water rights: | |
| 1. | Would the proposed water allocation have the potential for injury to other water rights? \Box Yes \Box 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: | |
| <u>Ev</u> | luation of appropriate Measurement, Recording and Reporting Condition: | |
| 3. | Please select the <u>measurement device(s)</u> required for any permit issued under this application. ☐ Totalizing Flow Meter ☐ Other/None – please describe below: ☐ Staff Gage | |
| 4. | Please select your recommended <u>reporting requirement</u> for any permit issued under this application. Please consider site-specific information, including but not limited to potential for injury to other wat rights, regulation history of the area, and level of stakeholder interest in the application. | |
| | $\hfill \square$ Require recording of volume of water diverted each month and require submission of a report to the Department annually. | |
| | $\ \square$ 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 | |
| W | A name: Date: | |
| | plication Caseworker: | _ |