WATERMASTER WATER RIGHT PERMIT APPLICATION REVIEW



| Ар | | WATER RESOURCE DEPARTMEN |
|--|---|-----------------------------|
| Ар | pplicant's Name: | |
| Ev | aluation 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 avoic | l 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 applications. | cation. |
| | ☐ 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 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 o | |
| | 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 | M name: WM Signature: Date | : |
| Ар | pplication Caseworker: | |