

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: Austin Leap Date: _____

Application Caseworker: _____