WATERMASTER WATER RIGHT PERMIT APPLICATION REVIEW



Αp	pplication Number:			D E P A R T M E N
Αp	pplicant's Name:			
<u>Ev</u>	aluation of potential for inju	ry 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:			
	If approved, water use can only	y take place when all senior	water rights are met.	
<u>Ev</u>	aluation of appropriate Meas	surement, Recording and F	Reporting Condition:	
3.	Please select the measurement device(s) required for any permit issued under this application.			
	☐ Totalizing Flow Meter☐ Staff Gage	☐ Other/None – ple	ase describe below:	
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.			
	$\ \square$ Require recording of volume of water diverted each month and require submission of a report to the Department annually.			
	$\hfill \Box$ Do not require recording and reporting at this time.			
5.	Please provide any additiona	al information or permit co	nditions that are nec	essary for this application:
6	Would you like to review a d	Iraft of any permit that mis	tht he issued under th	us application?
J.	☐ Yes ☐ No	mare or any permit that me	in se issued diluci ti	is application;
		NAM 4 C	CU := 1/2 ·)	5.
	M name:			Date:
Αp	pplication Caseworker:			