

# 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: Susan Douthett Date: \_\_\_\_\_

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