WATERMASTER WATER RIGHT PERMIT APPLICATION REVIEW



Αp	plication Numbe	er:	<u></u>	DEPARTMEN
Αp	plicant's Name:			_
<u>Ev</u>	aluation of pote	ntial 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 neces	sary to avoid injury:	
<u>Ev</u>	aluation of appr	opriate Measu	rement, Recording and Reporting Cond	dition:
3.	Please select the measurement device(s) required for any permit issued under this application.			
	☐ Totalizing F☐ Staff Gage	low Meter	☐ Other/None – please describe b	elow:
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.			
	☐ 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: