



WATERMASTER APPLICATION REVIEW

Application #: G-18860

Applicant's Name: *Oregon Department of Transportation*

1) Would the proposed allocation have the potential for injury to existing rights?

Yes No

2) Have you spoken with persons from other state agencies about this application?

Yes No If yes, whom and why?

3) Please select the appropriate measurement, recording and reporting condition for this application.

Small < 0.1 CFS, < 9.2 AF

Medium > 0.1 CFS but < 0.25 CFS, > 9.2 AF but < 100 AF

Large > 0.25 CFS, > 100 AF

Require a staff gage if source is runoff or if the reservoir is located in-channel.

4) Please provide any additional information or conditions that you believe are necessary for this application.

Watermaster Name: *Greg Wacker*

Watermaster Signature: *[Signature]*

WRD Caseworker: Kim French

Date: 03/02/2020

503-986-0900/ Fax 503-986-0901