



WATERMASTER APPLICATION REVIEW

Application #: S-88642

Applicant's Name: Michael Townsend

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.

Injury to other water rights can be mitigated if the storage season is limited to November 1st through May 31st annually.

Watermaster Name: Amy Kim

Watermaster Signature: *Amy Kim*

WRD Caseworker: Kim French

Date: 8/29/2018

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