



WATERMASTER APPLICATION REVIEW

Application #: R-88597 Applicant's Name: Leaf Sarlva

- 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: Shavon Haynes

Watermaster Signature: 

WRD Caseworker: Lisa Graham

Date: 09/24/2018

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