



WATERMASTER APPLICATION REVIEW

Application #: 88882

Applicant's Name: Jonathan David

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.

Alternate measurement devices are acceptable.

Watermaster Name: Susan Douthit

Watermaster Signature:

Date: 2/8/2021

WRD Caseworker: Lisa Graham

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