



# WATERMASTER APPLICATION REVIEW

Application #: G-18792      Applicant's Name: Bryan Long

- 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.

For additional information please refer to the Groundwater Review and Initial Review.

Watermaster Name: Scott Ceciliani

Watermaster Signature: 

Date: 01/06/2020

WRD Caseworker: Kim French

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