



# WATERMASTER APPLICATION REVIEW

Application #:

Applicant's Name:

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:

Watermaster Signature: *Joel Plahn*

Date:

WRD Caseworker:

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