

WATERMASTER APPLICATION REVIEW

Appli	ication #: G-18795 Applicant's Name: Gregory Reed
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.
	Standard conditions should apply.

Watermaster Name: Jake Constans

Watermaster Signature: July Coulin

WRD Caseworker: Elisabeth Graham

Date: 08/13/20

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