OREGON
WATER RESOURCES
DEPARTMENT

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: Date:

WRD Caseworker: 503-986-0900/ Fax 503-986-0901