



## WATERMASTER APPLICATION REVIEW

Application #:

Applicant's Name:

- 1) Would the proposed allocation have the potential for injury to existing rights?  
 Yes    No
  
- 2) If the proposed allocation will cause injury, can it be conditioned to avoid injury?  
 Yes    No   If Yes, please list conditions:
  
- 3) Have you spoken with persons from other state agencies about this application?  
 Yes    No   If yes, whom and why?
  
- 4) 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.  
 Require an in-line flow restrictor.
  
- 5) Please provide any additional information or conditions that you believe are necessary for this application.

Watermaster Name:

Watermaster Signature:

A handwritten signature in black ink, appearing to be "L. Bl".

Date:

WRD Caseworker:

Ph: 503-986-0900/ Fax: 503-986-0901