



WATERMASTER APPLICATION REVIEW

Application #: *5.88659* Applicant's Name: *Gary Wheeler*

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?

DEQ - Their staff wanted to have my input on water availability and the hydrologic dynamics of the area.

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: *Jake Constans*

WRD Caseworker: *Kim French*

Date: *01/12/21*

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