OREGON DEPARTMENT OF FISH AND WILDLIFE
OREGON WATER RESOURCES DEPARTMENT

FISH SCREEN INSPECTION FORM

Applicant
Name:_____
Address: _____ Phone ( )_____

Application Number: _____Water Right Permit Number: _____
Water Right Amount (cfs)_____

Diversion
Stream: _____ Tributary to: _____
Address (if different than applicants):_____
Diversion Type(gravity or pump):_____Location: T_____, R_____, Sec._____
GPS Coordinates:_____ SATS:_____

Pump Information
Brand:_____ Horsepower:_____ Intake Size:_____

Screen Information
Type/Brand: _____ Installed by: _____
Date Installed: _____/_____/_____ Date of Inspection: _____/_____/_____
Inspected by: _____ Agency: _____

Comments:_____

☐ Screen meets current state criteria for fish protection.

☐ Screen does not meet current state criteria for fish protection.

☐ Another screen inspection should be done before water use begins.