

# **Municipal Reclaimed Water Registration Form**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

A water use permit may not be required if the water being used is reclaimed water as defined in ORS 537.131 and the reclaimed water use is both authorized by the Oregon Department of Environmental Quality (DEQ) and registered with Oregon Water Resources Department (WRD) (ORS 537.132). Currently there is no fee for registering.

*Complete and send this Registration Form **to the DEQ permit writer** managing the wastewater treatment facility discharge permit. DEQ will review and sign this Registration Form prior to sending it on to WRD in Salem. A response letter will be sent by WRD to all parties within 60 days of receipt.*

**Instructions** are available to guide you. If you need assistance, please call 503-986-0900 and ask for the "Water Reuse Coordinator" or contact the local watermaster in your county. Insert "N/A" if the requested information does not apply to your situation.

**1. Name of “Registrant”. Who will use the reclaimed water?**

*Name of Reclaimed Water User:*

*County where reclaimed water use will occur:*

Mail Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Daytime Telephone:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

## 2. Does the reclaimed water user own the land where the use will occur?

*Landowner Name:*

Mail Address: \_\_\_\_\_

*Daytime Telephone:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

**3. Are there existing water rights on the same land where the use will occur?**

YES (provide information below) NO

*Application No.* \_\_\_\_\_ *Permit No.* \_\_\_\_\_

*Certificate No.* *Decree vol. & pg.*

Will the reclaimed water be used instead of existing water rights OR used to supplement the continued use of the existing water rights? \_\_\_\_\_

**4. Has DEQ issued a Municipal Wastewater Treatment Facility Discharge Permit authorizing the use of reclaimed water? (If yes, provide permit number)**

YES: NPDES Permit No. \_\_\_\_\_ or WPCF Permit No. \_\_\_\_\_

Permit Effective Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

DEQ Region: (Check one)      Northwest Region      Eastern Region      Western Region

NO: Permit application was submitted to DEQ, but not yet issued.

NO: Permit application has not been submitted to DEQ.

**5. Who is treating and supplying the reclaimed water to the user?**

Name of Supplier: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Treatment Facility Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mail Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip

**6. Which water provider supplies potable municipal water to the city/community that produces the sewage entering the treatment facility?**

Municipal Water Provider: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Source(s) of Municipal Water: \_\_\_\_\_  
(stream name, groundwater, and/or reservoir name)

**7. Will the use of reclaimed water occur inside or outside the water service boundaries of the potable municipal water provider identified above in Question 6?**

INSIDE

OUTSIDE

**8. What is the length in years of the agreement/contract between the reclaimed water user and the reclaimed water supplier? \_\_\_\_\_**

*Describe any conditions in the agreement that limit use of the reclaimed water.*

**9. Please describe the transmission system that delivers reclaimed water from the wastewater treatment facility to the place of reclaimed water use.**

*(Include type of construction of diversion works/pump capacity, length and dimensions of supply ditches/ pipelines)*

**10. What is the Intended Use(s) of Reclaimed Water?**

*(irrigation, aquifer recharge, wetlands, industrial, cooling, aquifer storage & recovery, etc.)*

*Irrigation Total Acres: \_\_\_\_\_ What type of crop \_\_\_\_\_  
(hay, pasture, golf course, wood fiber, etc.)*

*What is the irrigation application system? \_\_\_\_\_  
(flood, center pivot, wheel line, drip, micro-sprinklers)*

*How much Reclaimed Water will be used? \_\_\_\_\_  
(cubic feet per second, OR gallons per minute)*

*Date use began or will begin: \_\_\_\_\_ Period of use (month/day): from \_\_\_\_\_ to \_\_\_\_\_*

**11. What are the water user's motivations to use reclaimed water?**

My existing water rights are “junior” and not always reliable.

Another water source is available, but reclaimed water is less expensive.

Reclaimed water is the only source available and enables the use listed in Question 10.

Reclaimed water allows a WRD transfer of existing water rights to a different location.

Reclaimed water use reduces demand on the local municipal water supply.

To assist the treatment facility in meeting DEQ regulatory permit requirements.

To recharge the aquifer or store water in the aquifer for future recovery.

Other (describe): \_\_\_\_\_

**12. Describe the historic reclaimed water disposal method.**

A) *Into which stream was the reclaimed water discharged? \_\_\_\_\_*

B) *Has the reclaimed water been discharged into the stream for 5 or more years?*

YES            NO

C) *Where did the treated wastewater historically enter the stream?*

*(Township, Range and Section, or distance from landmark, or river mile, or Lat/Long)*

**13. Is the required map attached showing the reclaimed water transmission system and place of use?  YES  NO (If No, please prepare and attach map).**

The Registration Form is not complete without an adequate map.  
See map requirement explanation on page 4.

**14. MAP REQUIREMENTS:**

This registration must be accompanied by a map, or maps, to show the location of the wastewater treatment facility, location of reclaimed water transmission system (pipelines, canals, etc.) and the place of reclaimed water use. Features of the map(s) should include the following:

- A north arrow.
- Drawn to scale at not less than 4" = 1 mile, with the scale identified.
- Township, Range, Section, Quarter-Quarters, and tax lot number(s).
- Place of use shown by Quarter-Quarter section with shading or diagonal lines.
- Acres, if land application, per Quarter-Quarter section (approximate if not certain).
- Location of main canals or pipelines to and within the reclaimed water use area.
- Streams and roads identified if they cross through the map.
- Other obvious features that would help someone in the field locate the place of use.
- A legend.

*\*A map showing the wastewater treatment facility, transmission system, and place of use at a scale of 4" =>1 mile is fine only if a second map is provided showing the place of use at not less than 4" = 1 mile.*

**15. ADDITIONAL COMMENTS:** Provide additional information here or attach additional pages.

**16. Signatures of Registrant and Reclaimed Water Supplier:**

*I/We certify that the information provided in this Registration Form is an accurate representation of the proposed reclaimed water use to the best of my knowledge:*

Registrant Printed Name: Kevin Ketchum Title: Owner

Registrant Signature: Kevin Ketchum Date: 6/06/25

Supplier Printed Name: Nathan Frank Title: City Administrator

Supplier Signature: Nathan Frank Date: 06/05/2025

**NOTE:** Once completed and signed, keep a copy and send this form to the DEQ permit writer responsible for the wastewater treatment facility permit. DEQ will sign and forward the form to WRD in Salem. A response letter will be sent by WRD to all parties within 60 days.

**This section is to be completed by DEQ**

**17. Signature of DEQ Water Quality Manager:**

Date registration form received at DEQ: \_\_\_\_\_

Pursuant to ORS 537.132 DEQ has:

**a) Authorized the use of reclaimed water (referred to by DEQ regulations as "recycled water") as evidenced by the NPDES or WPCF permit issued and described below.**

*Permit Number:* \_\_\_\_\_ *DEQ File Number:* \_\_\_\_\_

*Printed DEQ Permit Writer's Name:* \_\_\_\_\_

*Mail Address:* \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *E-mail:* \_\_\_\_\_

**b) Consulted with State Department of Fish and Wildlife and determined this use of reclaimed water shall not have a significant negative impact on fish or wildlife.**

*ODFW contact name:* \_\_\_\_\_

*ODFW contact phone number:* \_\_\_\_\_

**c) Determined the use of reclaimed water is intended to improve the water quality of the receiving stream.**

*The reclaimed water is (e.g. too warm for salmonids):* \_\_\_\_\_  
\_\_\_\_\_

*I certify the provisions of ORS 537.132(1)(a)(b) and (c) for this application are satisfied.*

\_\_\_\_\_  
Date \_\_\_\_\_

DEQ Water Quality Manager Signature

\_\_\_\_\_  
DEQ Water Quality Manager's printed name

**Once signed by DEQ, this completed form is to be sent to:**

Oregon Water Resources Department  
C/O Water Reuse Coordinator  
725 Summer St. NE, Suite A  
Salem, OR 97301-1266