

RM-216



# THE CITY OF MADRAS

February 27, 2017

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

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**APR 24 2017**

Re: Municipal Reclaimed Water Registration Form

**SALEM, OR**

To Whom It May Concern:

The City of Madras returned the Municipal Water Registration Forms and it was brought to my attention that one of the forms was incorrect. The form for Desert Peaks Municipal Golf Course had the incorrect amount of acres. I have included the new form corrected form please disregard the first form that was sent. If you have any questions regarding the changes made to the form please do not hesitate to call. Please accept our apologies for sending the first incorrect form.

Thank you.

Sincerely,

Michele Quinn  
Public Works Administrative Assistant

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**MAR 02 2017**

**SALEM, OR**

*City of Madras, 125 SW E Street, Madras, OR 97741. Tel. (541) 475-2344 Fax (541) 475-1038*

*"A goal without commitment and determination is a lost dream."*

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# Oregon Water Resources Department

MAR 02 2017

## Municipal Reclaimed Water Registration Form

SALEM, OR

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: Desert Peaks Municipal Golf Course - City of Madras

County where reclaimed water use will occur: Jefferson

Mail Address: 990 NW Birch Lane Madras OR 97741  
Street/P.O. Box City State Zip

Daytime Telephone: (541) 410-7125 E-mail: jburchell@ci.madras.or.us

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

YES  NO If no, provide the landowner's name and contact information.

Landowner Name: City of Madras (Jeffrey Hurd, Public Works Director)

Mail Address: 125 SW "E" Street Madras OR 97741  
Street/P.O. Box City State Zip

Daytime Telephone: (541) 325-0309 E-mail: jhurd@ci.madras.or.us

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

YES (provide information below)  NO

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Application No. S45404,S24921,S3008 Permit No. S33954,S23196,S25921 APR 24 2017

Certificate No. 90177,72279,72281 Decree vol. & pg. \_\_\_\_\_

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

**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. 101739  
Permit Effective Date: 11-16-2006 Permit Expiration Date: 10-31-2016  
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.

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

Name of Supplier: City of Madras Telephone No. (541) 325-0313  
Treatment Facility Name: North WWTP Telephone No. (541) 948-6952  
Mail Address: 800 SE Grizzly Road, Madras, OR 97741  
*Street/P.O. Box City State Zip*

SALEM, OR

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

Municipal Water Provider: DVWD & City of Madras Telephone No. (541) 475-3849  
Source(s) of Municipal Water: Opal Springs aquifer (DVWD) & Groundwater (City)  
*(stream name, groundwater, and/or reservoir name)*

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**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?**

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INSIDE  OUTSIDE

SALEM, OR

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

*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.**

Recycled Water Storage Pond, Effluent Pumps, Effluent Force Main, Control Valves, and Spray Irrigation Systems.

*(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

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

Irrigation Total Acres: 120 What type of crop? Golf Course  
*(hay, pasture, golf course, wood fiber, etc.)*

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

How much Reclaimed Water will be used? Varies (700 gpm max. flow)  
*(cubic feet per second, OR gallons per minute)*

Date use began or will begin: before 1995 Period of use (month/day): from April to October

**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): \_\_\_\_\_

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

A) Into which stream was the reclaimed water discharged? None SALEM, OR

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?

N/A - City has never discharged to a stream or other surface water body.

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

D) Does the amount (rate in gpm or cfs) of reclaimed water proposed for use under this registration represent more than 50% of the total average annual flow of the stream?

YES  NO  UNKNOWN

Source of information used to answer this? \_\_\_\_\_

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**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.

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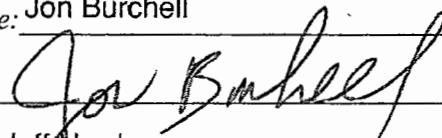
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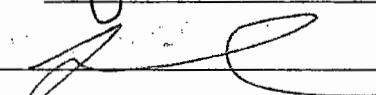
**16. Signatures of Registrant and Reclaimed Water Supplier:**

*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: Jon Burchell Title: Course Superintendent

Registrant Signature:  Date: 2/27/17

Supplier Printed Name: Jeff Hurd Title: Public Works Director

Supplier Signature:  Date: 2/23/17

**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.

\_\_\_\_\_  
DEQ Water Quality Manager Signature

Date 4-18-2017

Don Butcher  
DEQ Water Quality Manager's printed name

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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

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