

ASR License No. 016
(ASSIGNED AFTER FILING)

STATE OF OREGON
WATER RESOURCES DEPARTMENT
APPLICATION FOR LIMITED WATER USE LICENSE
FOR
AQUIFER STORAGE AND RECOVERY (ASR)

RECEIVED

NOV 02 2009

WATER RESOURCES DEPT
SALEM, OREGON

Applicant(s): City of Lafayette
Contact Person: Diane Rinks
Mailing Address: P.O. Box 55
Lafayette Oregon 97127 503-864-2451
City State Zip Phone #

1. DATE(S) OF PRE-APPLICATION CONFERENCE(S): 6/18/09

INFORMATION REGARDING ASR TESTING UNDER A LIMITED LICENSE

2. SOURCE OF INJECTION WATER for ASR: Blue Bird Spring
a tributary of Millican Creek
3. MAXIMUM DIVERSION RATE: Up to 0.66 cfs
4. MAXIMUM INJECTION RATE AT EACH WELL(S): Up to 0.66 cfs, subject to change
based on pilot testing
5. MAXIMUM STORAGE VOLUME: 460 MG
6. MAXIMUM STORAGE DURATION: 1 year, could be greater than 1 year depending on demand
for stored water
7. MAXIMUM WITHDRAWAL RATE AT EACH WELL(S): 200 gpm, subject to change based on
pilot testing
8. LICENSE TERM OR DURATION SOUGHT (5 year maximum): 5 years
9. PROPOSED USE OR DISPOSAL OF RECOVERED WATER: Municipal water supply – to
be delivered into the City's distribution system
10. IF CONTINGENCIES PRECLUDE THE USE IN ITEM 9, SPECIFY AN ALTERNATE
USE OR DISPOSAL OF THE RECOVERED WATER: Contingency plan for disposal of injected
water into a 5,000 gallon containment system. If additional water must be discharged, it will be discharged to
Henry Creek under a temporary discharge permit from DEQ.

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INFORMATION REGARDING THE ULTIMATE ASR PROJECT
AS CURRENTLY ANTICIPATED

11. SOURCE OF INJECTION WATER for ASR: Blue Bird Spring
a tributary of Millican Creek
12. MAXIMUM DIVERSION RATE: 0.66 cfs
13. MAXIMUM INJECTION RATE AT EACH WELL(S): Up to 0.66 cfs

14. MAXIMUM STORAGE VOLUME: 460 MG
15. MAXIMUM STORAGE DURATION: 1 year, could be greater than 1 year
depending on demand for stored water
16. MAXIMUM WITHDRAWAL RATE AT EACH WELL(S): 200 gpm

NOTE: The materials required by rule for an ASR limited license are extensive. The items on this sheet consist of those outlined in OAR 690-350-020(2) and (3)(a)(A-E). Please consult the rule and provide as attachments to this form the other requirements in OAR 690-350-020(3)(a).

Signature of Applicant Dione J. Renko Date 5-28-09

Title CITY ADMINISTRATOR

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