Oregon Water Resources Department

Municipal Reclaimed Water Registration Form

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 DEO 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			
ask for the "Water Reuse Coordinator" or			unty.
Insert "N/A" if the requested information	does not apply to your.	situation.	
1. Name of "Registrant". Who will <u>լ</u>		ater?	
Name of Reclaimed Water User: Diamond			
County where reclaimed water use will oc	cur; Wallowa		
		Oregon	97846
Mail Address: 65196 Dobbin rd Street/P.O. Box	City	State	Zip
Daytime Telephone: (541) 263-1884	E-mail: jose	eph.g.dawson@gm	ail.com
Landowner Name:			rmation.
Mail Address: Street/P.O. Box	City .	State	Zip
Daytime Telephone:			
3. Are there existing water rights of YES (provide information below	w) NO		occur?
Application No.	Permit No. 532669		
Certificate No. 54343,9311,3009,9311			
Will the reclaimed water be used instead of exuse of the existing water rights? Supplements	xisting water rights OR us al	sed to <u>supplement</u> th	e continued
· ·			

4. Has DEQ issued a Municipal Wastewate authorizing the use of reclaimed water?	r Treatment Facil (If yes, provide perm	ity Discharge nit number)	e Permit
YES NPDES Permit No. 101602	or WPCF Perm	nit No	
Permi	it Expiration Date: N	Vov. 30, 2023	
DEQ Region: (Check one) Northwest Region	Eastern Region	Western R	egion
NO Permit application was subs			
NO Permit application has not be			
5. Who is treating and supplying the recla	imed water to the	user?	
Name of Supplier: City of Joseph	Telephone No. (5	41) 432-3832	
Treatment Facility Name: City of Joseph WWTP	Telephone No. (5	41) 398-1804	
Mail Address, P.O. Box 15	Joseph	OR	97846
Mail Address: P.O. Box 15 Street/P.O. Box	City	State	Zip
Municipal Water Provider: City of Joseph Source(s) of Municipal Water: Wallowa lake		ne No. <u>(</u> 541) 4	32-3832
Source(s) of Municipal water(stream name	e, groundwater, and/or r	eservoir name)	
7. Will the use of reclaimed water occur in boundaries of the potable municipal was Question 6? NSIDE OUTSIDE	nside or outside t ater provider ider	he water ser itified above	vice in
8. What is the length in years of the agree water user and the reclaimed water su	ement/contract be oplier? <u>24</u>	tween the re	eclaimed
Describe any conditions in the agreement that	t limit use of the recl	aimed water.	
N/A	*		
9. Please describe the transmission systematic the wastewater treatment facility to the There is a 60hp effluent pump moving the reason 3000' to the irrigation pivot.	place of reclaim	ed water use	9.
(Include type of construction of diversion works/pump cape	acity, length and dimensi	ions of supply dite	ches/ pipelines)
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10. What is the Intended Use(s) of Reclaimed Water? Irrigation (irrigation, aquifer recharge, wetlands, industrial, cooling, aquifer storage & recovery, etc.) ____What type of crop? Hay Irrigation Total Acres: 160 (hay, pasture, golf course, wood fiber, etc.) What is the irrigation application system? Center Pivot (flood, center pivot, wheel line, drip, micro-sprinklers) How much Reclaimed Water will be used? approx 800gpm (cubic feet per second, OR gallons per minute) to Dec. 31 Date use began or will begin: _____Period of use (month/day): from Jan.1 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? Prairie Creek B) Has the reclaimed water been discharged into the stream for 5 or more years? YES C) Where did the treated wastewater historically enter the stream? 45.39774/117.23207 River mile 4 (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? UNKNOWN NO YES Source of information used to answer this? 13. Is the required map attached showing the reclaimed water transmission NO (If No, please prepare and attach map). system and place of use? YES 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.

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 representation of the proposed reclaimed water use to the best	of my knowledge:
Registrant Printed Name: Joseph Dawin	Title: Palitut
Registrant Signature: from Don	Date 10 -15 -2020
Supplier Printed Name: City of Joseph / Lin Tick	Fille: Public Works Superisor
Supplier Signature:	Date: 10/15/20
NOTE: Once completed and signed, keep a copy and send this	

NOTE: Once completed and signed, keep a copy and <u>send this form to the DEO permit writer</u> 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.

^{*}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.

This section is to be completed by DEQ

17. Signature of DEQ Water Quality Manager:
Date registration form received at DEQ: 12/31/2020
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: 101602 DEQ File Number: 44329
Printed DEQ Permit Writer's Name: Justin Sterger
Printed DEQ Permit Writer's Name: Justin Sterger Mail Address: 475 NE. Belleve Sik 110 Bent OR 9770; Street/P.O. Box City State Zip
Telephone: 541-633-2016 E-mail: Sterger. justin edeg. State. or. us
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: Kyle Bratcher NPDES PER Consult Code OIEDFWOO-2018-
ODFW contact phone number: 541-426-3279
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): regulated under a current
NPDES permit w/ required facility monitority.
I certify the profisions of ORS 537.132(1)(a)(b) and (c) for this application are satisfied.
/ / //
Date 1/25/21
DEQ Water Quality Manager Signature
CHAD GUBANA
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