# **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 <u>and</u> the reclaimed water use is both authorized by the Oregon Department of Environmental Quality (DEQ) <u>and registered</u> 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 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 "Regist                                    | rant". Who will us     | e the reclaimed w      | ater?                       |             |
|---|------------------------|------------------------|-----------------------------|-------------|
| Name of Reclaimed W                                   | ater User: Stan Ashbr  | ook                    |                             |             |
| County where reclaim                                  | ed water use will occu | r: Wasco               |                             |             |
| Mail Address: 75 Heimrich Street                      |                        | Dufur                  | OR                          | 97027       |
|   | P.O. Box               | City                   | State                       | Zip         |
| Daytime Telephone: (541) 993-7371 E-mail: stan        |                        | nashbrook@gmail.       | com                         |             |
| Landowner Name: Cit                                   |                        |                        | ne and contact mic          | -<br>-      |
| Mail Address: P.O. B                                  |                        | d Street Dufur         | OR                          | 97027       |
| Maii Adaress:   | Street/P.O. Box        | City                   | State                       | Zip         |
| Daytime Telephone: (5                                 | 41) 467-2349           | E-mail: inf            | o@cityofdufur.org           |             |
|   | de information below   | ) NO                   |                             | occur?      |
| Application No  |                        |                        |                             |             |
| Certificate No  | De                     | cree vol. & pg         |                             |             |
| Will the reclaimed water<br>use of the existing water |                        | ting water rights OR u | sed to <u>supplement</u> th | e continued |

| 4.        | Has DEQ issued a Municipal Wastew authorizing the use of reclaimed water                    |                           |                     | ge Permit       |
|-----------|---|---------------------------|---------------------|-----------------|
|           | YES NPDES Permit No.  | or WPCF Pe                | rmit No.            |                 |
| Po        |   |                           |                     |                 |
| DI        | rmit Effective Date: Pe<br>EQ Region: (Check one) Northwest Region                          | Fastern Region            | Western             | Region          |
| DL        | term (  |                           |                     | region          |
|           |   |                           |                     |                 |
|           | NO Permit application has n   | ot been submitted to L    | DEQ.                |                 |
|           | Who is treating and supplying the rec   |                           |                     |                 |
| Na        | me of Supplier: City of Dufur, Oregon   | Telephone No. (           | 541) 467-2349       |                 |
| Tr        | eatment Facility Name: Wastewater Treatment F   | acility Telephone No.     | 541) 467-2349       |                 |
| Mo        | ail Address: P.O. Box 145/175 N.E. Third Str<br>Street/P.O. Box                             | eet Dufur                 | OR                  | 97027           |
|           | Street/P.O. Box   | City                      | State               | Zip             |
| Мі        | that produces the sewage entering the unicipal Water Provider: City of Dufur, Oreg          |                           |                     | 467-2349        |
| So        | urce(s) of Municipal Water: Groundwater   |                           |                     |                 |
|           | (stream no  | ame, groundwater, and/or  | reservoir name)     |                 |
| <b>7.</b> | Will the use of reclaimed water occur<br>boundaries of the potable municipal<br>Question 6? |                           |                     |                 |
|           | INSIDE OUTSIDE  |                           |                     |                 |
| 8.        | What is the length in years of the agr water user and the reclaimed water s                 |                           |                     | eclaimed        |
|           | Describe any conditions in the agreement the  | nat limit use of the rec  | laimed water.       |                 |
|           | Agreement term is as long as the Water Pol<br>City of Dufur, Oregon.                        | lution Control Faciliti   | es Permit is ac     | tive for the    |
| 9.        | Please describe the transmission systhe wastewater treatment facility to the                |                           |                     |                 |
|           | A 450-foot pipeline runs from Cell 2 to Cell 3; a   | 6-inch pipeline runs from | n Cell 3 to the in  | rigation pivot. |
| (Inc      | clude type of construction of diversion works/pump ca                                       | pacity, length and dimens | ions of supply dite | ches/pipelines) |
| Mu        | ınıcipal Reclaimed Water Registration Form  | Revised April 4-2016      |                     | Page 2          |

## 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? Alfalfa hay Irrigation Total Acres: 12.1 (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? 100 gallons per minute (cubic feet per second, OR gallons per minute) to October Period of use (month/day): from May Date use began or will begin: 2023 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? Fifteen Mile Creek B) Has the reclaimed water been discharged into the stream for 5 or more years? 0 YES C) Where did the treated wastewater historically enter the stream? Township: 01S Range: 13E Section: 25 (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? NO UNKNOWN YES Source of information used to answer this? City of Dufur Discharge Monitoring Reports 13. Is the required map attached showing the reclaimed water transmission NO (If No, please prepare and attach map). ■ YES system and place of use? 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.

The irrigation area is the existing center pivot effluent land application site shown on Figure 2-1.

#### 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: Stan Ashbrook  | Title: Water User               |  |  |  |
| Registrant Signature:   | Date: 3-8-22                    |  |  |  |
| Supplier Printed Name: Merle Keys   | Title: Mayor, City of Dufur, OR |  |  |  |
| Supplier Signature: Mell a. Key   | Date: 3 - 8 - 22                |  |  |  |

NOTE: Once completed and signed, keep a copy and send this form to the DEO 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.

<sup>\*</sup>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.

| 17. Signature of DEQ water Quality Manager:  |
|--|
| Date registration form received at DEQ: 3   11 2022  |
| 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: To be 3500 DEQ File Number: 25491   |
| Printed DEQ Permit Writer's Name: Justin Sterrer   |
| Mail Address: 475 Seleview Dr. Sero OR 9770   Street/P.O. Box City State Zip   |
| Telephone: 541-633-2016 E-mail: justin.steger a deg. organ.god   |
| 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: Jasen Seals  |
|  |
| ODFW contact phone number: 5311 - 296 - 4628   |
| *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.   |
| No Water Quelty Monager @ Aus tire. Date 3/16/2022   |
| DEQ Water Quality Manager Signature  Cawhorce M3000 REHS  Law rence m Brown  |
| Law conce of Broan   |
| DEQ Water Quality Manager's printed name   |
| Once signed by DEQ, this completed form is to be sent to:  |
| Oregon Water Resources Department<br>C/O Water Reuse Coordinator<br>725 Summer St. NE, Suite A<br>Salem, OR 97301-1266   |