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 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.

Name of Reclaimed Water User: Stan A County where reclaimed water use will			
Mail Address: 75 Heimrich Street	Dufur	OR	97027
Street/P.O. Box	City	State	Zip
Daytime Telephone: (541) 993-7371	E-mail: stan	ashbrook@gmai	l,com
YES NO If no, p	rovide the landowner's nam		
Landowner Name:	rovide the landowner's nam		
YES NO If no, p	rovide the landowner's nam		
YES NO If no, proceed No. 15 N	rovide the landowner's nam	ne and contact inf	formation.
YES NO If no, p.	City E-mail: s on the same land whe	state	formation.

RM-233

 Has DEQ issued a Municipal Wastewater authorizing the use of reclaimed water 			je Permit
YES NPDES Permit No.	or WPCF Per	mit No	
Permit Effective Date: Perm	it Expiration Date:		-
Permit Effective Date: Perm DEQ Region: (Check one) Northwest Region	Fastern Region	Western H	Region
l mar l			tegion
NO Permit application was sub			
NO Permit application has not	been submitted to D	EQ.	
5. Who is treating and supplying the recla	imed water to the	user?	
Name of Supplier: City of Dufur, Oregon	Telephone No. (5	41) 467-2349	and the second s
Treatment Facility Name: Wastewater Treatment Fac	ility Telephone No. (5	541) 467-2349	
Mail Address: P.O. Box 145/175 N.E. Third Street Street/P.O. Box	t Dufur	OR	97027
Street/P.O. Box	City	State	Zip
Municipal Water Provider: City of Dufur, Oregon Source(s) of Municipal Water: Groundwater (stream name) 7. Will the use of reclaimed water occur in boundaries of the potable municipal water occur in Question 6?	e, groundwater, and/or r	eservoir name) he water ser	vice
INSIDE OUTSIDE			
8. What is the length in years of the agree water user and the reclaimed water su			claimed
Describe any conditions in the agreement that	limit use of the recl	aimed water.	
Agreement term is as long as the Water Pollu- City of Dufur, Oregon.	tion Control Facilitie	es Permit is act	ive for the
9. Please describe the transmission systematic the wastewater treatment facility to the A 450-foot pipeline runs from Cell 2 to Cell 3; a 6-2	place of reclaim	ed water use	
(Include type of construction of diversion works/pump capa	city, length and dimensi	ons of supply dite	hes/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? Alfalfa hay Irrigation Total Acres: 7.7 (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? 65 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? 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? UNKNOWN NO 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 proposed 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 bes	t of my knowledge:
Registrant Printed Name Stan Ashbrook	Title: Water User
Registrant Signature Str.	Date: 3-8-22
Supplier Printed Name: Merle Keys	Title: Mayor, City of Dufur, OR
Supplier Signature: Thele a. Keys	Date: 3-8 20

NOTE: Once completed and signed, keep a copy and <u>send this form to the DEQ 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,

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17. Signature of DEQ Water Quality Manager:
Date registration form received at DEQ: 3 12022
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: 25491
Printed DEQ Permit Writer's Name: Juston Stage
Mail Address: 475 Ballevue On Bond OR 97701 Street/P O. Box
Telephone: 541-633 2016 E-mail: Justin steger dag. oregor. 504
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: Jason Seas
ODFW contact phone number: 541-286-4628
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 quality marger @ firstore. Date 3-16-2022
DEQ Water Quality Manager Signature Quality Manager's printed name Law rence M. Brown
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