Registration for Reuse of Industrial Effluent [ORS 537.141 (1) (i) and (6)]



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

1.	Name of Registrant. Who will reuse groundwater?
	A. Address
	B. Name of contact person
	C. Phone number and email address
	D. County
2.	Does the registrant control or operate the land where the reuse will occur? YES NO If no, provide the landowner's name and contact information below.
	A. Address
	B.C ontact person
	C. Phone number and email address
	D. County
3.	The groundwater source well(s) water right information (attach additional sheet with list if necessary):
	Right #1 Permit number or Certificate number
	Right #2 Permit number or Certificate number
	Right #3 Permit number or Certificate number
4.	Quantity of water to be land applied CFS / GPM
5.	Total acres to receive reuse water
6.	List all Water Rights Appurtenant to the land that will receive industrial effluent, if any.
	Permit number or Certificate number
	Permit number or Certificate number

7. Location of land to receive water must be shown on a map attached to this registration form. 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.

Date _____

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knowledge.

Signature of registrant

This section is to be completed by DEQ. Date registration form received at DEQ: Pursuant to ORS 537.141(6) DEQ has: Authorized the reuse of water as evidenced by the NPDES or WPCF permit issued and identified below. Permit number: _____ DEQ file number: _____ I certify the provisions of ORS 468B.050 or 468B.215 for this application are satisfied. Date _____ DEQ Water Quality Manager Signature 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 This section is to be completed by OWRD. Are the groundwater source(s) exempt under 537.545 (a), (f), or (g)? Reviewed by: Date