



Recycled Water Annual Report
Part I: Recycled water production and disposition

A. REPORTING PERIOD

1. This report is for recycled water produced during the calendar year:

B. PERMIT INFORMATION

| | | |
|----|---|-----------------|
| 1. | Permit Type (select one): <input type="checkbox"/> NPDES or <input type="checkbox"/> WPCF | DEQ File No.: |
| | DEQ Permit No.: | EPA Permit No.: |

C. FACILITY INFORMATION

1. Legal name of facility:

Physical address

2. Street Address:

| | | |
|-------|--------|-----------|
| City: | State: | Zip code: |
|-------|--------|-----------|

Mailing address Same as physical address.

3. Mailing Address:

| | | |
|-------|--------|-----------|
| City: | State: | Zip code: |
|-------|--------|-----------|

Facility Type (check all that apply)

4. Major or Tier 1 facility (design flow of 1 mgd or greater, or serving a population of 10,000 or greater)
 Minor or Tier 2 facility (design flow less than 1 mgd or serving a population less than 10,000)
 Class I wastewater treatment facility (i.e., facility with a pre-treatment program)
 Other, please specify:

D. CONTACT INFORMATION

Responsible official

| | | |
|----|------------------|------------|
| 1. | Name: | Title: |
| | Email Address: | Telephone: |
| | Mailing Address: | |
| | City: | State: |

Recycled water contact Same as responsible official

| | | |
|----|------------------|------------|
| 2. | Name: | Title: |
| | Email Address: | Telephone: |
| | Mailing Address: | |
| | City: | State: |

E. RECYCLED WATER TREATMENT PROCESSES

| Please indicate the recycled water treatment processes used at your facility (mark all that apply) | | | |
|--|--|---|--|
| | Treatment technology | Filtration technology | Disinfection technology |
| 1. | <input type="checkbox"/> Primary Clarifier <input type="checkbox"/> Secondary Clarifier <input checked="" type="checkbox"/> DAF <input checked="" type="checkbox"/> Lagoon <input type="checkbox"/> Membrane reactor <input type="checkbox"/> Trickling filter <input type="checkbox"/> Other: | <input type="checkbox"/> Sand filter <input checked="" type="checkbox"/> Mixed media filter <input type="checkbox"/> Bio-filtration <input type="checkbox"/> Artificial wetland <input type="checkbox"/> Other: | <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Chlorine <input type="checkbox"/> Ozone <input type="checkbox"/> Paracetic acid <input type="checkbox"/> Hydrogen peroxide <input checked="" type="checkbox"/> Hypochlorite <input type="checkbox"/> Pasteurization <input type="checkbox"/> Other: |

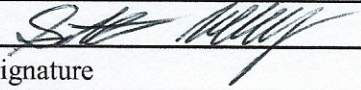
F. RECYCLED WATER SAMPLING and PRODUCTION

| Select your facility's regulatory monitoring frequency: | | | | | | |
|---|-------------------------------|--|---------------------------------|--|---|---|
| Water Class | A | B | C | D | Non-disinfected | |
| 1. | Monitoring frequency | <input type="checkbox"/> Daily/hourly | <input type="checkbox"/> 3/week | <input checked="" type="checkbox"/> 1/week | <input type="checkbox"/> Once per month | <input type="checkbox"/> As specified in permit |
| | Parameters | Total Coliform (daily) Turbidity (hr) | Total coliform | Total coliform | <i>E. coli</i> | As Specified in permit |
| Please indicate total volume of each class of recycled water produced at your facility. | | | | | | |
| 2. | Total quantity produced (gal) | | | 108.332 | | |

G. SUMMARY OF ATTACHMENTS

| Information required with some annual reports: | |
|--|--|
| 1. | <input type="checkbox"/> Additional copies of tables in Part II for all recycled water produced during the calendar year. <input checked="" type="checkbox"/> Laboratory reports showing analytical results only. <u>NO LAB QA/QC</u> |
| Example of documentation held by the permittee and available upon request: | |
| 2. | <input checked="" type="checkbox"/> Additional land application site information. <input checked="" type="checkbox"/> Daily irrigation and records. <input type="checkbox"/> Nitrogen loading calculations <input checked="" type="checkbox"/> Daily or hourly sampling results |

H. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

| | | |
|---|--------------|------------|
| I certify that the information in this report is true, correct and representative of the recycled water produced at my facility to the best of my knowledge and belief. Information and records used or referenced with this report will be maintained and made available to the Oregon Department of Environmental Quality on request. | | |
|  | WWTP Manager | 01/04/2024 |
| Signature | Title | Date |
| Print Name: Seth Kelly | | |



State of Oregon
 Department of Environmental Quality
 700 NE Multnomah St. Suite 600, Portland, OR 97232

Recycled Water Annual Report
Part II: Sampling and Monitoring Summary

DEQ use only

I. RECYCLED WATER CLASSIFICATION

| | Month | Turbidity (NTU) | | | | Total Coliform (organisms/100mL) | | | | | E. coli (organisms/100mL) | | | | |
|--|--------|-----------------|----------------|-----|-----|----------------------------------|-----------------|-----------------|-----|-----|---------------------------|--------------------|--------------------|-----|-----|
| | | Max 24hr Mean | Avg 24 hr mean | Max | Ave | # of samples | Max 7day median | Avg 7day median | Max | Ave | # of samples | Max 30day log mean | Avg 30day log mean | Max | Ave |
| 1. | Jan | | | | | | | | | | | | | | |
| 2. | Feb | | | | | | | | | | | | | | |
| 3. | Mar | | | | | | | | | | | | | | |
| 4. | Apr | | | | | | | | | | | | | | |
| 5. | May | | | | | | | | | | | | | | |
| 6. | Jun | | | | | | | | | | | | | | |
| 7. | Jul | | | | | | | | | | | | | | |
| 8. | Aug | | | | | | | | | | | | | | |
| 9. | Sep | | | | | | | | | | | | | | |
| 10. | Oct | | | | | | | | | | | | | | |
| 11. | Nov | | | | | | | | | | | | | | |
| 12. | Dec | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | |
| 15. | Annual | | | | | | | | | | | | | | |
| Attach additional pages as needed to report all sampling. | | | | | | | | | | | | | | | |

** Please attach laboratory report showing sample results only. No lab QA/QC.

J. RECYCLED WATER CHARACTERIZATION

| | Month | pH (SU) | | | Residual Cl (mg/L) | | | | Sodium (mg/L) | | | | |
|--|--------|--------------|-----|-----|--------------------|--------------|-----|-----|---------------|--------------|-----|-----|-----|
| | | # of samples | Min | Max | Ave | # of samples | Min | Max | Ave | # of samples | Min | Max | Ave |
| 1. | Jan | | | | | | | | | | | | |
| 2. | Feb | | | | | | | | | | | | |
| 3. | Mar | | | | | | | | | | | | |
| 4. | Apr | | | | | | | | | | | | |
| 5. | May | | | | | | | | | | | | |
| 6. | Jun | | | | | | | | | | | | |
| 7. | Jul | | | | | | | | | | | | |
| 8. | Aug | | | | | | | | | | | | |
| 9. | Sep | | | | | | | | | | | | |
| 10. | Oct | | | | | | | | | | | | |
| 11. | Nov | | | | | | | | | | | | |
| 12. | Dec | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | |
| 15. | Annual | | | | | | | | | | | | |
| Attach additional pages as needed to report all sampling. | | | | | | | | | | | | | |

*** Please attach laboratory report showing sample results only. No lab QA/QC.*

K. RECYCLED WATER NUTRIENT

| Month | Nitrogen TKN (mg/L) | | | Nitrogen NO ₂ + NO ₃ (mg/L) | | | Ammonia NH ₃ -N (mg/L) | | | Phosphate PO ₄ (mg/L) | | | Potassium K (mg/L) | | |
|--------|---------------------|-----|-----|---|-----|-----|-----------------------------------|-----|-----|----------------------------------|-----|-----|--------------------|-----|-----|
| | # of samples | Max | Ave | # of samples | Max | Ave | # of samples | Max | Ave | # of samples | Max | Ave | # of samples | Max | Ave |
| Jan | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | |
| Jul | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | |
| Sep | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Annual | | | | | | | | | | | | | | | |

Attach additional pages as needed to report all sampling.

*** Please attach laboratory report showing sample results only. No lab QA/QC.*

L. RECYCLED WATER APPLICATION

| Month | Site Name: | | | | Site Name: | | | | Site Name: | | | | Site Name: | | | |
|-----------------------|---------------------------|-------------------|-------------------|-----------------------|---------------------------|-------------------|-------------------|-----------------------|---------------------------|-------------------|-------------------|-----------------------|---------------------------|-------------------|-------------------|--|
| | Class: | | | | Class: | | | | Class: | | | | Class: | | | |
| | Use or Crop: | | | | Use or Crop: | | | | Use or Crop: | | | | Use or Crop: | | | |
| | Area (acres): | | | | Area (acres): | | | | Area (acres): | | | | Area (acres): | | | |
| | Agronomic rate: | | | | Agronomic rate: | | | | Agronomic rate: | | | | Agronomic rate: | | | |
| | Soil moisture monitoring: | | | | Soil moisture monitoring: | | | | Soil moisture monitoring: | | | | Soil moisture monitoring: | | | |
| | Additional N sources: | | | | Additional N sources: | | | | Additional N sources: | | | | Additional N sources: | | | |
| # of days discharging | Total Volume applied | Ave Daily Loading | Max Daily Loading | # of days discharging | Total volume applied | Ave Daily Loading | Max Daily Loading | # of days discharging | Total Volume applied | Ave Daily Loading | Max Daily Loading | # of days discharging | Total Volume applied | Ave Daily Loading | Max Daily Loading | |
| | gal | in | in | | gal | in | in | | gal | in | in | | gal | in | in | |
| Jan | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | | |
| Jul | | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | | |
| Sep | | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | | |
| Annual | | | | | | | | | | | | | | | | |

Attach additional pages as needed to report all sites.

$$\text{Daily Loading (inches)} = \frac{\text{Volume Applied (gallons)}}{\text{Area (acres)} \times 27,152 \left(\frac{\text{gallons}}{\text{acre inches}}\right)}$$