



**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:
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**Mailing address**  Same as physical address.

3. Mailing Address:

City:	State:	Zip code:
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**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 type="checkbox"/> DAF <input type="checkbox"/> Lagoon <input type="checkbox"/> Membrane reactor <input type="checkbox"/> Trickling filter <input type="checkbox"/> Other:	<input type="checkbox"/> Sand filter <input 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 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.	<input type="checkbox"/> Daily/hourly	<input type="checkbox"/> 3/week	<input 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)				

### G. SUMMARY OF ATTACHMENTS

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



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														
<b>Attach additional pages as needed to report all sampling.</b>															

*\*\* 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												
<b>Attach additional pages as needed to report all sampling.</b>													

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

**K. RECYCLED WATER NUTRIENT**

Month	Nitrogen TKN (mg/L)			Nitrogen NO <sub>2</sub> + NO <sub>3</sub> (mg/L)			Ammonia NH <sub>3</sub> -N (mg/L)			Phosphate PO <sub>4</sub> (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.**

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