

ASR Limited License No. _____
 (ASSIGNED AFTER FILING)



**APPLICATION FOR
 AQUIFER STORAGE AND RECOVERY (ASR) LIMITED LICENSE**

Applicant: _____

Mailing Address: _____

Phone and Email: _____

Authorized Agent: _____

Mailing Address: _____

Phone and email: _____

1. **DATE(S) OF PRE-APPLICATION CONFERENCE(S):** _____

INFORMATION REGARDING ASR TESTING UNDER A LIMITED LICENSE

2. **SOURCE OF INJECTION WATER for ASR:** _____

a tributary of _____

2.5 **WATER RIGHT AUTHORIZATIONS (Permit or Certificate numbers):** _____

3. **MAXIMUM DIVERSION RATE:** _____

4. **MAXIMUM INJECTION RATE AT EACH WELL(S):** _____

Table 1. ASR WELLS (attach additional pages as needed)

ASR Well Name	ASR Well Log ID (e.g. UMAT 12345, if not yet drilled= "proposed")	ASR Well Tag Number (e.g. L 123456)	ASR Well Location (metes and bounds from public land survey corner)

5. MAXIMUM STORAGE VOLUME: _____
6. MAXIMUM STORAGE DURATION: _____
7. MAXIMUM WITHDRAWAL RATE AT EACH WELL(S): _____

8. LICENSE TERM OR DURATION SOUGHT (5 year maximum): _____

9. PROPOSED USE OR DISPOSAL OF RECOVERED WATER: _____

10. IF CONTINGENCIES PRECLUDE THE USE IN ITEM 9, SPECIFY AN ALTERNATE USE OR DISPOSAL OF THE RECOVERED WATER: _____

INFORMATION REGARDING THE ULTIMATE ASR PROJECT
AS CURRENTLY ANTICIPATED

11. SOURCE OF INJECTION WATER for ASR: _____
 a tributary of _____
- 11.5 WATER RIGHT AUTHORIZATION (Application, Permit or Certificate numbers): _____

12. MAXIMUM DIVERSION RATE: _____
13. MAXIMUM INJECTION RATE AT EACH WELL(S): _____

14. MAXIMUM STORAGE VOLUME: _____
15. MAXIMUM STORAGE DURATION: _____

16. MAXIMUM WITHDRAWAL RATE AT EACH WELL(S): _____

NOTE: The materials required by rule for an ASR limited license are extensive. The items on this sheet consist of those outlined in OAR 690-350-020(2) and (3)(a)(A-E). Please consult the rule and provide as attachments to this form the other requirements in OAR 690-350-020, including:

- ASR Test Program (3)(b)(A)
- Proposed System Design (3)(b)(B)
- Groundwater Information (3)(b)(C)
- Quality of source water, aquifer water and compatibility assessment (3)(b)(D-G)
- Water Availability Statement Water Right Holder Agreement (as necessary) (3)(a)(F-G)
- Legal Land Use Form (3)(a)(H)
- Site Map (3)(a)(I)
- OHA DWS Plan Review Acknowledgement (public supply systems only) (3)(a)(J)
- ASR LL Application Fee. Consult current fee schedule at:
<http://www.oregon.gov/owrd/pages/pubs/forms.aspx#fees>
- Submit one hard copy in person or by mail to: Oregon Water Resources Department, 725 Summer St NE, Suite A, Salem, OR 97301
- Submit a digital copy to: Jennifer.L.Woody@oregon.gov
- Questions? Contact Jen Woody, OWRD Hydrogeologist, at 503-986-0855

Signature of Applicant _____ Date _____

Title of Applicant _____