



**OREGON
DEPARTMENT OF
AGRICULTURE**

**CONFINED ANIMAL FEEDING OPERATION
APPLICATION TO REGISTER (ATR) TO THE
OREGON CAFO GENERAL PERMIT**

Instructions for filling out and mailing the ATR are attached. Please send the completed ATR to: Oregon Department of Agriculture, CAFO Program, 635 Capitol Street NE, Salem, Oregon 97301-2532. An application fee is required and must be mailed to a separate address. Please see the Fee Payment Form for payment instructions.

SECTION I. CAFO PERMIT SELECTION

Please choose which permit you would like your facility to operate under:

- NPDES General Permit #01-2016 (5-year permit)
- WPCF General Permit #01-2015 (10-year permit)

SECTION II. CONTACT INFORMATION

A. Operator

Name: _____

Mailing address: _____

City, State, Zip code: _____

Phone number(s): _____

Fax number: _____

E-mail address: _____

Status of operator: _____ (P = Private; M = Public other than federal or state; F = Federal; S = State)

B. Landowner (if different from operator) Previously permitted New registration

Name: _____

Mailing address: _____

City, State, Zip code: _____

Phone number(s): _____

Fax number: _____

E-mail address: _____

Status of Landowner: _____ (P = Private; M = Public other than federal or state; F = Federal; S = State)

Does an entity or persons, other than the landowner or operator, have management authority or responsibility for the facility identified in Section II of the ATR?

No Yes Name of entity or person/s _____

SECTION III. FACILITY INFORMATION

A. Facility

Facility Name: _____

Street address: _____
(Not PO Box)

City, State, Zip code: _____

County: _____

Phone number(s): _____

Fax number: _____

Email: _____

B. Latitude and longitude of production area or entrance to production area:

Check this box if you want ODA staff to help obtain the information.

C. Closest water body or receiving stream:

Check this box if you want ODA staff to help obtain the information.

D. Topographical map: A topographical map of your operation must be included with your application. See page 2 of ATR Instructions for more information.

E. Diagram: Attach a diagram of your CAFO operation, including the confinement area, all wastewaters and where they go, the storage facilities, and land application area. Also show surface streams, lakes, and waterways in the vicinity of the collection, storage, and application areas. See page 2 of the ATR Instructions for more information.

F. Land Use Compatibility Statement: Required for this General Permit. To be completed by your city or county planning office. See page 2 of ATR Instructions for more information.

SECTION IV. DESCRIPTION OF OPERATION

A. Number of animals managed: Give the maximum number of each type of animal that will be held at this facility in open confinement or housed under roof (either partially or totally) in any 12-month period (i.e., the maximum capacity). Attach additional sheets if necessary.

TYPE OF ANIMAL	NUMBER OF ANIMALS IN OPEN CONFINEMENT	NUMBER OF ANIMALS HOUSE UNDER ROOF
Mature dairy cows		
Dairy heifers		
Veal calves		
Cattle (not dairy or veal)		
Swine (55 lbs. or over)		
Swine (under 55 lbs.)		
Horses		
Sheep or lamb		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Goats		
Other: Specify _____		
Total Number of Animals		

B. Estimated manure, litter, and/or wastewater produced and used by the CAFO

a) How much manure, litter, and wastewater are generated annually by the facility?

Provide units.

Liquid manure: _____ (units)

Solid manure/litter: _____ (units)

Wastewater: _____ (units)

b) How many acres of land will be used for applying manure, litter, and/or wastewater?

_____ acres

c) How much of manure, litter, or wastewater will be transferred annually to other entities/ persons?

Liquid manure: _____ (units)

Solid manure/litter: _____ (units)

Wastewater: _____ (units)

SECTION IV. DESCRIPTION OF OPERATION (continued)

C. Type and Capacity of Waste Storage

TYPE OF WASTE STORAGE	NUMBER OF DAYS OF STORAGE	CAPACITY OF STORAGE (Check appropriate box for units)
Anaerobic lagoon		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Storage lagoon		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Evaporation pond		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Above ground liquid storage tanks		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet
Below ground liquid storage tanks		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet
Roofed storage shed (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Concrete pad (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Impervious soil pad (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Other: Specify _____		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards

SECTION V.

**NUTRIENT MANAGEMENT PLAN (NMP) or
ANIMAL WASTE MANAGEMENT PLAN (AWMP)**

- A. Has a NMP or AWMP been developed? Yes No
- B. Is the facility operating according to the NMP or AWMP? Yes No
- C. If yes, answer the following questions
 - a) Does it reflect the current number of animals at the facility? Yes No
 - b) Does it reflect the current method of waste management? Yes No
 - c) Is your current plan on file with ODA? Yes No
- D. Date of the last review or revisions of the NMP or AWMP: _____ / _____
Month Year
- E. If not land applying manure, litter, and/or wastewater, how else will they be used?

SECTION VI. CERTIFICATIONS

Certification A: Nutrient Management Plan (NMP) or Animal Waste Management Plan (AWMP)

I understand that the permit requires the preparation of a (NMP or AWMP) for the facility described in this ATR. I agree to submit and implement an NMP or AWMP in accordance with the requirements and time lines specified in the permit.

Signature (operator or owner) Print Name Date

Signature (operator or owner) Print Name Date

Certification B: True, accurate, and complete information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (operator or owner) Print Name Date

Signature (operator or owner) Print Name Date

Submission of ATR and fees

Submission of this ATR to the Oregon Department of Agriculture constitutes notice that the parties/party identified in Section II (on page 1) of this form intend/s to be authorized by the Oregon CAFO General Permit for wastewater discharges associated with a CAFO in Oregon. Becoming a permittee obligates a CAFO to comply with the terms and conditions of the permit. The CAFO General Permit is viewable/printable at <http://www.oregon.gov/ODA/NRD/pages/cafoprogdocs.aspx>

ODA requires a nonrefundable application fee of \$100.00 for a small, \$150.00 for a medium and \$300.00 for a large with the submission of this ATR. Go to page 6 table 1 of the NPDES or WPCF Permit to determine the size of the facility. Please see Application Payment Form for payment instructions. ODA will bill you for the additional Annual Permit Fee once we review and approve your ATR and AWMP. If you have questions, please call ODA at 503-986-4699 or 503-986-4700.

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OREGON DEPARTMENT OF AGRICULTURE (ODA)
LAND USE COMPATIBILITY STATEMENT (LUCS)

WHAT IS A LUCS? The LUCS is the process ODA uses to determine that ODA permits and other approvals that affect land use are consistent with the local government comprehensive plan.

WHY IS A LUCS REQUIRED? Oregon law requires that state agency activities related to land use be consistent with local comprehensive plans in accordance with ORS Chapter 197.

WHEN IS A LUCS REQUIRED? A LUCS is required for nearly all ODA permits, some General Permits, and certain approvals for plans or related activities that affect land use. These activities are listed in this form. In cases where a source needs more than one ODA permit or approval, a single LUCS may be used.

A permit modification requires a LUCS when:

- there is a physical expansion on the property or the use of additional land is proposed;
- there is an expansion of the waste treatment works that requires additional permits or licenses;

A permit renewal requires a LUCS if one has not previously been submitted, or if one of the above two permit modification factors apply.

HOW TO COMPLETE A LUCS:

- The LUCS form is included in the ODA permit application or approval packet.
- Applicant fills out Section 1 of the LUCS and then submits it to the city or county planning office.
- The local planning office determines if the business or facility meets all local planning requirements.
- The local planning office must attach written findings of fact for local reviews or other necessary planning approvals that are required of the applicant.
- The applicant includes the completed LUCS and attachments with the permit application or approval submittal.

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Name of applicant: _____ Contact person: _____
Telephone: _____

Mailing address: _____ Location address: _____

Tax Acct. # _____ Tax Lot # _____ Township _____ Range _____ Section _____
Latitude _____ Longitude _____

2. Describe type of business or facility and the services or products provided:

3. Mark the type of ODA permit being applied for at this time:
 Oregon CAFO General Permit _____ Oregon CAFO Individual Permit _____
4. This application is for a:
 new permit _____ permit renewal _____ permit modification _____ other _____

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The facility proposal is located: inside city limits _____ outside UGB _____ inside UGB _____
6. Name of city or county that has land use jurisdiction*: _____
 *jurisdiction means the legal entity that is responsible for land use decisions for the subject of property or land use.
7. The business or facility complies with all applicable local land use requirements: yes _____ no _____
- 7a. List all local reviews or approvals that were required of the applicant before the LUCS consistency was determined.
 (This does not include past requirements that do not relate to the pending ODA permit request).
- _____
- _____
- _____
- 7b. If no, identify reasons for noncompliance or list requirement(s) that the applicant must comply with before LUCS consistency can be determined.
- _____
- _____
- _____
- 7c. Is local government currently processing remaining requirements to attain LUCS consistency?
 yes _____ no _____
8. Planning official reviewer's telephone number: _____

SECTION 3 - SIGNATURES

_____ Title _____ Date _____
 Planning Official Print Planning Official's name

_____ Title _____ Date _____
 Planning Official Print Planning Official's name
 (depending upon city/county agreement on jurisdiction outside city limits but within UGB)

ATTENTION: A LUCS approval cannot be accepted by ODA until all local requirements have been met. Written findings of fact for all local decisions addressed under 7 through 7b must be attached to the LUCS



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APPLICATION TO REGISTER FEE PAYMENT FORM

Dear Operator/Landowner:

For the Application to Register (ATR) to be processed, you must submit this page along with your application fee of \$100.00 for small, \$150.00 for medium and \$300.00 for large. The department will accept check, money order, or credit card. If you are paying with a check, please make check payable to: Oregon Department of Agriculture.

Operator Name: _____

Facility Name: _____

Mailing Address: _____

Facility Address: _____

Phone: _____ Fax: _____

Email: _____

For Checks or Money Orders, mail to:

Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland, OR 97208-4395

For Credit Card Charges, mail or fax to:

Oregon Department of Agriculture
635 Capitol St NE
Salem, OR 97301-2532
Secure Fax (503) 986-4746

All dishonored checks or electronic payments will incur a \$35 administrative fee per ORS 30.701.

For Visa or Master Card charges complete the following information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY.

Print Email address or Fax# _____

Signature: _____ Total Charges: \$ _____

Card Number: _____/_____/_____/_____ Expiration Date: _____/_____

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CONFINED ANIMAL FEEDING OPERATION APPLICATION TO REGISTER (ATR) TO THE OREGON CAFO GENERAL PERMIT

INSTRUCTIONS

If you have any questions about filling out this ATR form, please contact the Oregon Department of Agriculture (ODA) at 503-986-4699.

Please send ATRs to the following address. The application fee is mailed to a different address.

Natural Resources Division
Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532

Completing the form

- ATR forms must be completed electronically or printed in ink in the appropriate marked areas.
- All questions on this form must be answered.

Section I. CAFO Permit Selection

Check box to indicate which permit you would like to operate your facility under. Information about the CAFO Permit options can be found online at:

<https://www.oregon.gov/ODA/programs/NaturalResources/Pages/CAFO.aspx>

• Section II. Contact Information

Check box to indicate whether the operator or owner already has a CAFO permit. Provide the legal name, not the common name, of the person, firm, organization, or any other entity that controls the operation of the facility in question. You must also provide the legal name of the facility owner, if different from that of the operator. Enter the complete address and telephone number of the operator and owner. Enter the appropriate letter (P, M, F, or S) to indicate the legal status of the owner and operator of the facility; most dairies in Oregon are privately owned. If someone other than the owner or operator has management authority or responsibility for managing the facility, please check the “Yes” box and provide the legal name of that person or entity. Otherwise, check the “No” box.

- **Section III. Facility Information**

Item A. Provide the complete name of the facility, and the address for the facility, including street address, city, state, zip code, and county. Do not provide a P.O. Box number as the street address. Provide the phone and fax numbers and email address for the facility.

Item B and C. Provide the latitude and longitude to the nearest 15 seconds of the production area or entrance to production area is required. Please provide the name(s) of the nearest water bodies or streams. If you do not have this information and would prefer that ODA staff obtain it, please check the appropriate boxes.

Item D. A topographical map is required as part of your application. This map must identify your operation and property boundaries. If a topographical map that accurately reflects your current operation is presently on file with ODA, you do not need to submit it again. Contact your local Soil and Water Conservation District office or your local United States Department of Agriculture (USDA) service center to obtain a topographical map of your operation. There is usually no charge for this service.

Item E. You must attach, or include with the application, a diagram of your facility, including the confinement area, all wastewaters and where they go, the storage facilities, and land application area. Also show the location of surface streams, lakes and waterways in the vicinity of the collection, storage, and application areas. There is a checklist on the ATR Instructions page to assist you with preparation of the diagram.

Item F. The Land Use Compatibility Statement (LUCS) is the process ODA uses to ensure the ODA permit and other approvals that affect land use are consistent with the local government comprehensive plan. Applicants fill out Section 1 of the LUCS and submit it to the city or county planning office for completion.

- **Section IV. Description of Operation**

Item A. Provide information regarding the number of each type of animal managed, and how many are in open confinement and/or housed under a roof (partially or totally) in any 12-month period. This should be the total number of animals you have at any one time, i.e., the maximum capacity of the facility. If you cycle animals, that is, have more than one group of animals during a 12-month period, indicate the maximum number at a given time and indicate how many times a year that number of animals is present. Additional sheets may be attached if the information does not fit in the provided spaces.

Item B. Provide your best estimate of the amount of liquid manure, solid manure/litter, and wastewater that is generated at the facility each year. Also provide units (i.e. tons, gallons, or cubic feet). If any of the waste (liquid manure, solid manure/litter, and process wastewater) is land applied, the amount of acres to which the application is made must be provided. This includes land that is available to you for application, but does not include acreage not under the control of the operator; that is, if you export waste to a third party, do not include the amount of land the third party intends to use for application. However, you must include the amount of waste you expect to export to third parties on an annual basis, in tons, gallons, or cubic feet.

Item C. The type of containment and storage for of liquid manure, solid manure/litter, and process wastewater must be identified to the best of your ability. Indicate the total number of days of storage you estimate is available with each, and the total capacity in tons, gallons, cubic feet or acre-feet of each storage facility type. Your area livestock water quality specialist will verify this information during your annual routine inspection.

- **Section V. Nutrient Management Plan (NMP) or Animal Management Plan (AWMP)**
Provide information concerning the status of the development and implementation of a NMP or AWMP for the facility. If the NMP or AWMP has not been completed, provide an estimated date of development and implementation. If a NMP or AWMP has been developed for the facility, please indicate if it reflects the current animal numbers and waste management methods, and if you have provided ODA with a copy of your current NMP or AWMP. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).
- **Section VI. Certifications**
CAFO owners/operators who intend to obtain coverage under the Oregon CAFO General Permit must complete Certifications A and B.

Federal statutes provide severe penalties for submitting false information on this form. Section 309(C)(4) of the Clean Water Act provides that “any person who knowingly makes any false material statement, representation, or certification in any application...shall upon conviction, be punished by a fine of not more than \$10,000, or by imprisonment for not more than 2 years, or by both.”

Federal regulations require that this form be signed as follows. For a corporation: by a principal executive officer of at least the level of vice president. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.

Checklist for facility information diagram - Section II. Item B

You must attach to, or include with, this application a diagram of your facility, as described in Section III on page 2. The diagram must include the following items:

- All animal confinement facilities (lots and buildings)

- All wastewater sources and where they originate
 - Manure, bedding, waste feed
 - Parlor wash-down water, tank and pipeline flush water
 - Contaminated roof runoff
 - Contaminated lot runoff
 - Seepage from storage of feed stuffs
 - Seepage from storage of manure
 - Other sources

- Where the wastewaters go

- How the wastewaters are transferred (pipes, open channels, etc.)

- Storage facilities
 - Above ground or below ground tanks
 - Lagoons and ponds
 - Solid manure storage

- Land application areas
 - Owned land
 - Leased land
 - Other land

- Surface streams, lakes, and waterways near collection, storage, and application areas

Who must fill out an Application to Register (ATR) form?

Federal law 40 CFR Part 122 and Oregon law ORS 468B.050 prohibit the discharge of pollutants to waters of the state without a permit. Operators of a CAFO must obtain and submit an ATR form to be covered under the Oregon CAFO General Permit, or to certify that the facility does not require permit coverage (the facility does not discharge). To obtain additional information regarding the Oregon CAFO General Permit, or to determine whether you require permit coverage, contact the Oregon Department of Agriculture at 503-986-4699.