

**Oregon Department of Agriculture (ODA)
OREGON CAFO GENERAL PERMIT NO. 1 ANNUAL REPORT**

Your Oregon CAFO General Permit No. 1 requires you to submit an annual report (report) to ODA. Please complete this report for calendar year 2008 and return it by **March 15, 2009**, to:

**Oregon Department of Agriculture
Natural Resources Division
635 Capitol Street NE
Salem, OR 97301**

If you prefer to fax the report to ODA, please fax both sides of the report to fax no. (503) 986-4730.

If you have questions about the annual report, please contact your area CAFO Livestock Water Quality Specialist or call CAFO Program support staff in Salem at (503) 986-4699.

Calendar Year: 2008 **Reporting period:** January 1 through December 31, 2008

Operator Information	
Name: _____	
Business Name: _____	
Mailing Address: _____	
Facility Address: _____	County: _____
Telephone No.: _____	Cell Phone #: _____
E-mail Address: _____	Office Use Only: MA# _____
Additional Information	
1. Maximum number of animals on site (check all that apply and provide the number of each animal type):	
<input type="checkbox"/> Beef: _____	<input type="checkbox"/> Sheep: _____
<input type="checkbox"/> Dairy: _____	<input type="checkbox"/> Lambs: _____
<input type="checkbox"/> Heifers: _____	<input type="checkbox"/> Ducks: _____
<input type="checkbox"/> Veal calves: _____	<input type="checkbox"/> Turkeys: _____
<input type="checkbox"/> Horses: _____	<input type="checkbox"/> Chickens
<input type="checkbox"/> Swine	Broilers: _____
< 55 pounds: _____	Layers: _____
> 55 pounds: _____	<input type="checkbox"/> Mink: _____
<input type="checkbox"/> Other: _____	
2. Animal Waste Management Plan (AWMP) developed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, date for plan completion: _____	
If yes, does the plan reflect current operations?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date current plan developed: _____	
Plan developed by: <input type="checkbox"/> NRCS certified planner. <input type="checkbox"/> Private certified planner. <input type="checkbox"/> Other _____	
Frozen soil application guidance included in plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you apply manure to frozen soil in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>3. Generated by CAFO? <i>Please specify the unit of measurement used (tons, gallons, or cubic feet).</i></p>	<p><input type="checkbox"/> Manure; estimated amount: _____</p> <p><input type="checkbox"/> Litter; estimated amount: _____</p> <p><input type="checkbox"/> Process wastewater; estimated amount: _____</p>
<p>4. Exported from CAFO? <i>Please specify the unit of measurement used (tons, gallons, or cubic feet).</i></p>	<p><input type="checkbox"/> Manure; estimated amount: _____</p> <p><input type="checkbox"/> Litter; estimated amount: _____</p> <p><input type="checkbox"/> Process wastewater; estimated amount: _____</p> <p>Done in accordance with the AWMP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain why: _____</p>
<p>5. Acres of land under operator control used for manure nutrient application: _____</p>	
<p>6. Acres of land specified in your AWMP available for manure nutrient application: _____</p>	
<p>7. Did any manure, litter, and / or process wastewater discharge to surface water from your production area this past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a summary of the approximate volume, date, and time of each discharge:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>You may want to review the discharge, production area, and pollutant definitions in the CAFO permit.</p>	

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 person or persons who manage the 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 fines and imprisonment for knowing violations.

Signature of Legally Authorized Representative: _____

Print Name: _____ Date: _____