

**Confined Animal Feeding Operation (CAFO)
Application to Register (ATR) to the Oregon CAFO General Permit**

Submission of this Application to Register (ATR) with a completed Certification B constitutes notice that the party(ies) identified in Section 1 of this form intends to be authorized by the Oregon CAFO General Permit for wastewater discharges associated with a confined animal feeding operation in Oregon. Becoming a permittee obligates such CAFO to comply with the terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

I. Contact Information

A. Operator Currently permitted New registration
Name: _____
Address: _____
City, State, ZIP Code: _____
Phone Number(s): _____
Fax Number: _____
Email Address: _____

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

B. Owner (if different from Operator) Currently permitted New registration
Name: _____
Address: _____
City, State, ZIP Code: _____
Phone Number(s): _____
Fax Number: _____
Email Address: _____

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

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

No Yes Name of entity _____

II. Facility Information

A. Facility
Name: _____
Address: _____
City, State, ZIP Code: _____
County: _____

** Latitude and longitude, if known; or quarter, section, township and range of **production area**

** Closest water body or receiving stream: _____

** Check this box if you want ODA staff to obtain or assist with obtaining this information.

B. 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 checklist on page 4 and the accompanying instructions for more information.*

C. Topographical map: A topographical map of your operation must be included with your application. *See instructions on page 4 for further details.*

III. Description of Operation

A. Number of Animals Managed: Give the maximum capacity of each type of animal in open confinement or housed under roof (either partially or totally) that can be held at this facility in any 12 month period (the maximum capacity). Attach additional sheets if necessary.

TYPE OF ANIMAL	NO. IN OPEN CONFINEMENT	NO. HOUSED 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		
Other: Specify _____		
TOTAL ANIMALS		

B. Manure, Litter and/or Wastewater Production and Use (estimated)

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

- b) If land applied, how many acres of land under the control of the applicant are available for applying the CAFO's manure, litter, or wastewater? _____ acres

- c) How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? _____ tons _____ gallons

C. Type and Capacity of Containment and Storage

TYPE OF CONTAINMENT OR STORAGE	TOTAL NUMBER OF DAYS	TOTAL CAPACITY (GALLONS/TONS)
Anaerobic Lagoon		
Storage Lagoon		
Evaporation Pond		
Holding Pond		
Aboveground Storage Tanks		
Belowground Storage Tanks		
Roofed Storage Shed		
Concrete Pad		
Impervious Soil Pad		
Other: Specify _____		

IV. Animal Waste Management Plan (AWMP)

- a) Has an animal waste management plan (AWMP) been developed? yes no
- b) Is an AWMP being implemented for the facility? yes no
- c) If no, when will the AWMP be developed? Date: _____
- d) If yes: does it reflect the current number of animals at the facility? yes no
 does it reflect the current method of waste management? yes no
 is your current plan on file with ODA? yes no
- e) The date of the last review or revisions of the AWMP: Date: _____
- f) If not land applying, describe alternative use(s) of manure, litter and/or wastewater:

Certifications

Certification A: Animal Waste Management Plan

I understand that the permit requires the preparation of an animal waste management plan for the facility described in this ATR. I agree to prepare and implement an animal waste management plan in accordance with the requirements and timelines specified in the permit.

Signature (operator or owner)	Date	Print Name
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Signature (operator or owner)	Date	Print Name
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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 person or 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)	Date	Print Name
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Signature (operator or owner)	Date	Print Name
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Fees and Submission

No fees are necessary when submitting this ATR. The department will determine if permit coverage is necessary and will require payment at that time. The registration fee is \$50, and the annual compliance determination fee is \$25. A total of \$75 will be due if permit coverage is required. Send this completed ATR to: Natural Resources Division, Oregon Department of Agriculture, 635 Capitol Street NE, Salem, Oregon 97301-2532. If you have questions, telephone the department at 503-986-4700.

Checklist for Item II.B.

You must attach to, or include with, this application a diagram of your facility, as described in section II.B. on page 1. 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
 - 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

Instructions for Item II.C.

- 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 re-submit it. Contact your local Soil and Water Conservation District office or your local USDA service center to obtain a topographical map of your operation. There is usually no charge for this service.

Instructions – Confined Animal Feeding Operation (CAFO) Application to Register (ATR) to be Covered Under the Oregon CAFO General Permit

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 503-986-4700.

Where To File the ATR Form

ATRs must be sent to the following address:

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

Completing the Form

ATR forms must be completed in type or print in the appropriate marked areas. If you have any questions about filling out this form, contact the Oregon Department of Agriculture at 503-986-4700.

Section I. Contact Information

Provide the legal name of the person, firm, organization, or any other entity that controls the operation of the facility in question. You must also provide the name of the facility owner, if different from that of the operator. Do not use a common name; it must be the *legal* name. Enter the complete address and telephone number of the operator and owner. Enter the appropriate letter to indicate the legal status of the owner and operator of the facility. If someone other than the owner or operator has management authority or responsibility for managing the facility, please provide the name of that person or entity. If not, please check the box for *No*. Indicate whether the owner or operator already has a CAFO permit.

Section II. Facility Information

A. Provide the complete name of the facility (if different from that of the owner), address for the facility, including street address, city, state, and ZIP code. Do not provide a P.O. Box number as the street address. Provide the phone and fax numbers for the facility. Indicate the county and the latitude and longitude to the nearest 15 seconds, or the quarter, section, township, and range (to the nearest quarter section) of the entrance to the production area of the facility. 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 box.

B. 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 to assist you with preparation of the diagram on page 4 of the application.

C. See page 4 for information about the topographical map required

Section III. Description of Operation

Item III.A.

Provide information regarding the number of each type of animal managed, and how many are in open confinement and/or housed under 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 III.B.

Provide your best estimate of the amount of manure, litter, and wastewater generated annually at the facility. Fill in a total amount of *gallons* or *tons* or *both*. If any of the waste (manure, litter and 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 either tons or gallons.

Item III.C.

The type of waste containment and storage 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 gallons or tons, of each type of containment. Your area livestock water quality specialist will verify this information during your annual routine inspection.

Item IV.

Provide information concerning the status of the development and implementation of an animal waste management plan (AWMP) for the facility. In those cases where the AWMP has not been completed, provide an estimated date of development and implementation. In the event there is an AWMP developed for the facility, please indicate if it reflects the current animal numbers and waste management methods, and if you have provided ODA a copy of your current plan. If not land applying, described the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).

Certifications

Federal statutes provide severe penalties for submitting false information on this form. Section 309(C)(2) of the Clean Water Act provides that "any person who knowingly makes any false statement, representation, or certification in any application...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or 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.

CAFO owners/operators who intend to obtain coverage under the Oregon CAFO General Permit should complete Certifications A and B.