



Oregon Department of Agriculture (ODA)
 Confined Animal Feeding Operation
 Application to Register
 Oregon CAFO General Permit



Plain Language Improvements:

- Added more white space
- Increased font size
- Form and instructions made easier to understand

Section I. Contact information

A. Operator

Currently permitted New registration

Name: _____

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. Owner (if different from operator)

Currently permitted New registration

Name: _____

Address: _____

City, State, ZIP code: _____

Phone number(s): _____

Fax number: _____

E-mail 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 or person/s _____

Instructions for filling out this ATR are found on pages 7-9.

Section II. Facility information

A. Facility

Name: _____

Street address: _____
(Not P.O. Box)

City, State, ZIP code: _____

County: _____

Phone number(s): _____

Fax number: _____

Check this box if you want ODA staff to help with obtaining the following information.

- Latitude and longitude of production area or entrance to production area (required); or quarter, section, township, and range to the nearest quarter section (optional)

:

- Closest water body or receiving stream:

B. 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 checklist on page 9 of 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 8 for details.*

Section III. 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 in open confinement | Number 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. 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?

_____ tons _____ gallons _____ cubic feet

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?

_____ tons _____ gallons _____ cubic feet

Section III. Description of operation, continued

C. Type and capacity of containment and storage

| Type of containment or storage | Total number of days | Total capacity (tons/gallons/cubic feet) |
|--------------------------------|----------------------|--|
| Anaerobic lagoon | | |
| Storage lagoon | | |
| Evaporation pond | | |
| Holding pond | | |
| Aboveground storage tanks | | |
| Belowground storage tanks | | |
| Roofed storage shed | | |
| Concrete pad | | |
| Impervious soil pad | | |
| Other: Specify _____ | | |

Section IV. Animal Waste Management Plan (AWMP)

a) Has an Animal Waste Management Plan (AWMP) been developed? Yes No

b) Is the facility operating according to the AWMP? Yes No

c) If yes, answer the following questions:

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

d) Date of the last review or revisions of the AWMP: _____ / _____
Month Year

e) If not land applying manure, litter, and/or wastewater, how else will they be used?

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 submit and implement an animal waste management plan in accordance with the requirements and timelines 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 I (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.

No fees are necessary when submitting this ATR. ODA 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. If you have questions, please call ODA at 503-986-4699 or 503-986-4700.

Please send this completed ATR to: Natural Resources Division, Oregon Department of Agriculture, 635 Capitol Street NE, Salem, Oregon 97301-2532.

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**Oregon Department of Agriculture
Confined Animal Feeding Operation (CAFO)
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:

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. 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 II. 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 for the facility. Providing the latitude and longitude to the nearest 15 seconds of the production area or entrance to production area is required; providing the quarter, section, township, and range to the nearest quarter section, is optional. 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.
Item 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 on page 9 to assist you with preparation of the diagram.

Item 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 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.

- **Section III. 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 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 manure, litter, and wastewater that is generated at the facility each year. Fill in a total amount of *tons, gallons, or cubic feet*. 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 tons, gallons, or cubic feet.

Item 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 tons, gallons, or cubic feet* of each type of containment. Your area livestock water quality specialist will verify this information during your annual routine inspection.

- **Section IV. Animal Waste Management Plan (AWMP)**

Provide information concerning the status of the development and implementation of an Animal Waste Management Plan (AWMP) for the facility. If the AWMP has not been completed, provide an estimated date of development and implementation. If an 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 a copy of your current AWMP. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).

- **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 II. Item B 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
 - Aboveground or belowground 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.