



Your Oregon CAFO NPDES General Permit requires you to submit an annual report to ODA by March 15th each year.  
Please complete and sign this report for calendar year 2025 and return it by **March 16, 2026**.

**Calendar Year:** 2025

**Reporting period:** January 1 through December 31, 2025

County:	
Name:	
Business Name:	
Mailing Address:	
Facility Address:	
Telephone #:	Cell Phone #:
E-mail Address:	Office Use Only: MA #
<b>1. Maximum number of permitted animals approved by ODA _____</b>	
<b>2. Actual number of animals by type at the CAFO (averaged over the year)</b>	
<input type="checkbox"/> Beef: _____	<input type="checkbox"/> Sheep/Goats: _____
<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: _____	
<b>3. Nutrient Management Plan (NMP) approval date: _____</b>	
Does the plan reflect current operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
<b>4. Generated by CAFO</b> <i>(Estimated amount)</i> <i>(Please specify the unit of measurement used: tons, gallons, or cubic feet)</i>	<input type="checkbox"/> Manure: Liquid: _____ Solid: _____
	<input type="checkbox"/> Poultry litter: _____
	<input type="checkbox"/> Process wastewater: _____

<p>5. Exported from CAFO (Estimated amount) (Please specify the unit of measurement used : tons, gallons, or cubic feet)</p>	<p><input type="checkbox"/> Manure: Liquid: _____ Solid: _____</p> <p><input type="checkbox"/> Poultry litter: _____</p> <p><input type="checkbox"/> Process wastewater: _____</p> <p>Done in accordance with the NMP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain why: _____</p>
<p>6. Land Application (Please specify the unit of measurement used: tons, gallons, or cubic feet)</p>	<p><input type="checkbox"/> Manure: Liquid: _____ Solid: _____</p> <p><input type="checkbox"/> Poultry litter: _____</p> <p><input type="checkbox"/> Process wastewater: _____</p>
<p>7. Acres of land under operator control used for manure, poultry litter and/or process wastewater application: _____</p> <p>8. Acres of land for land application covered by the NMP: _____</p> <p>9. Did any manure, poultry 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 style="text-align: center;"><i>You may want to review the discharge, production area, and pollutant definitions in the CAFO permit.</i></p>	

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.

I certify, under penalty of law, that this document and all attachments were prepared under my direct 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: \_\_\_\_\_

You may fax or email your completed report so that we receive it no later than 5:00 PM on March 16, 2026, to Attn: Kinzey @ (503) 986-4730 fax or [mackinzeylelandry@oda.oregon.gov](mailto:mackinzeylelandry@oda.oregon.gov) or mail to:

Oregon Department of Agriculture  
Natural Resources Division/CAFO Program  
635 Capitol Street NE  
Salem, OR 97301

A postage-paid ODA envelope is enclosed for your convenience.