

CAFO RECORDKEEPING CALENDAR

2026

SMALL AND MEDIUM CAFOs

NAME OF OPERATION _____

JANUARY 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>FOR ALL CAFOS A WATER SUPPLY PLAN WILL BE REQUIRED FOR NEW, EXPANDING AND WHEN RENEWING TO A CAFO PERMIT. PLEASE CONTACT YOUR LOCAL WATERMASTER TO DISCUSS YOUR WATER RIGHTS.</p> <p>WATER SUPPLY PLAN DOCUMENTS CAN BE FOUND ON THE ODA CAFO PROGRAM WEBSITE. HTTPS://ODA.DIRECT/CAFO</p>				1 LOCATION_____	2 LOCATION_____	3 LOCATION_____
				TYPE _____	TYPE_____	TYPE_____
				METHOD_____	METHOD_____	METHOD_____
				VOLUME_____	VOLUME_____	VOLUME_____
				TOTAL N_____	TOTAL N_____	TOTAL N_____
				TOTAL P_____	TOTAL P_____	TOTAL P_____
				EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
4 LOCATION_____	5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

11	12	13	14	15	16	17
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
18	19	20	21	22	23	24
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
25	26	27	28	29	30	31
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

FEBRUARY 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
8	9	10	11	12	13	14
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

15	16	17	18	19	20	21
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE_____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
22	23	24	25	26	27	28
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

2025 ANNUAL REPORT FORMS ARE DUE IN MARCH.

IF YOU WERE REGISTERED TO THE NPDES PERMIT FOR ANY PART OF 2025 YOU
NEED TO COMPLETE AN ANNUAL REPORT FORM AND SUBMIT A
SIGNED COPY TO THE SALEM OFFICE BY MARCH 16, 2026.

IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR
LIVESTOCK WATER QUALITY SPECIALIST OR THE CAFO PROGRAM
AT (503) 986-4699.

MARCH 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY
SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE
AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
8	9	10	11	12	13	14
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____	19 LOCATION_____	20 LOCATION_____	21 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
	2025 ANNUAL REPORTS DUE					
22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____	26 LOCATION_____	27 LOCATION_____	28 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
29 LOCATION_____	30 LOCATION_____	31 LOCATION_____	<p>ALL MANURE APPLICATIONS MUST COMPLY WITH YOUR CAFO PERMIT AND YOUR ODA-APPROVED NMP. MANURE APPLICATIONS TO SATURATED SOIL ARE PROHIBITED AND APPLICATION TO FROZEN SOIL CAN ONLY BE DONE IF ALLOWED IN YOUR ODA-APPROVED NMP.</p> <p>REVIEW YOUR ODA-APPROVED NMP TO DETERMINE APPROPRIATE MANURE APPLICATION AREAS, RATES AND BUFFER WIDTHS FOR THE TIME OF YEAR YOU ARE MAKING APPLICATIONS.</p>			
TYPE _____	TYPE _____	TYPE _____				
METHOD_____	METHOD_____	METHOD_____				
VOLUME_____	VOLUME_____	VOLUME_____				
TOTAL N_____	TOTAL N_____	TOTAL N_____				
TOTAL P_____	TOTAL P_____	TOTAL P_____				
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME				

APRIL 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
ACTIVITIES WITHIN THE CAFO PROGRAM REQUIRE PUBLIC NOTICE AND PARTICIPATION OPPORTUNITIES. YOU CAN SIGN UP TO BE NOTIFIED BY EMAIL WHEN A CAFO PUBLIC NOTICE IS ISSUED. GO TO THE ODA CAFO PAGE AT: <u>HTTPS://ODA.DIRECT/CAFO</u> AND CLICK ON THE SIGN-UP LINK			1 LOCATION_____	2 LOCATION_____	3 LOCATION_____	4 LOCATION_____
			TYPE _____	TYPE _____	TYPE _____	TYPE _____
			METHOD_____	METHOD_____	METHOD_____	METHOD_____
			VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
			TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
			TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
			EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____	11 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

12 LOCATION_____	13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
19 LOCATION_____	20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
26 LOCATION_____	27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	<p>FOR THE MOST UPDATED INFORMATION ON WHAT IS HAPPENING IN THE CAFO PROGRAM PLEASE CHECK THE CAFO WEBSITE AT: HTTPS://ODA.DIRECT/CAFO</p>	
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____		
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____		
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____		
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____		
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____		
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME		

MAY 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p style="text-align: center;"><u>REMINDER</u></p> <p>THE FOLLOWING RECORDS ARE TO BE MAINTAINED ON-SITE AND READILY AVAILABLE UPON REQUEST:</p> <p>NMP, OREGON NPDES CAFO PERMIT OR WPCF CAFO PERMIT, PERMIT SUMMARY, INSPECTIONS OF FACILITY MADE BY OPERATOR, LAND APPLICATION OF MANURE AND/OR WASTEWATER, MANURE EXPORT, AND SOIL SAMPLE RESULTS.</p> <p>THE CAFO PERMIT REQUIRES THAT ALL RECORDS BE KEPT FOR A MINIMUM OF FIVE YEARS.</p>					1 LOCATION_____	2 LOCATION_____
					TYPE _____	TYPE _____
					METHOD_____	METHOD_____
					VOLUME_____	VOLUME_____
					TOTAL N_____	TOTAL N_____
					TOTAL P_____	TOTAL P_____
					EXPORTED VOLUME	EXPORTED VOLUME
3 LOCATION_____	4 LOCATION_____	5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

10 LOCATION_____	11 LOCATION_____	12 LOCATION_____	13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
17 LOCATION_____	18 LOCATION_____	19 LOCATION_____	20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
24 LOCATION_____	25 LOCATION_____	26 LOCATION_____	27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
31 LOCATION_____						
TYPE _____						
METHOD_____						
VOLUME_____						
TOTAL N_____						
TOTAL P_____						
EXPORTED VOLUME						

JUNE 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT

THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CAFO ANNUAL FEES ARE DUE JUNE 30, 2026, FOR 2026/2027.	1 LOCATION_____	2 LOCATION_____	3 LOCATION_____	4 LOCATION_____	5 LOCATION_____	6 LOCATION_____
	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____	11 LOCATION_____	12 LOCATION_____	13 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____	19 LOCATION_____	20 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____	26 LOCATION_____	27 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	<p style="text-align: center;"><u>REMINDER</u></p> <p style="text-align: center;">MANAGE LIQUID MANURE STORAGE FACILITIES TO ENSURE THESE FACILITIES ARE OPERATING AT DESIGN CAPACITY. WOODY VEGETATION OR AN ACCUMULATION OF CRUST ON TOP OF, OR SOLIDS ACCUMULATED IN THE BOTTOM OF, THE LIQUID MANURE STORAGE FACILITY ARE POTENTIAL PERMIT VIOLATIONS. TRACK FRESH WATER/IRRIGATION ADDITIONS MADE TO THE MANURE SYSTEM.</p>			
TYPE _____	TYPE _____	TYPE _____				
METHOD_____	METHOD_____	METHOD_____				
VOLUME_____	VOLUME_____	VOLUME_____				
TOTAL N_____	TOTAL N_____	TOTAL N_____				
TOTAL P_____	TOTAL P_____	TOTAL P_____				
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME				

JULY 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>CONTROL UNDESIRABLE VEGETATION ON LAGOONS BY SPRAYING OR MOWING LAGOON BERMS. GRAZING IS ALSO AN ACCEPTABLE METHOD ON SOME OPERATIONS. REFER TO YOUR NMP.</p> <p>BEFORE ADDITIONAL LAND APPLICATION AREAS ARE ADDED, PLEASE INFORM YOUR CAFO INSPECTOR TO ENSURE YOUR NMP IS UP TO DATE.</p>			1 LOCATION_____	2 LOCATION_____	3 LOCATION_____	4 LOCATION_____
			TYPE _____	TYPE _____	TYPE _____	TYPE _____
			METHOD_____	METHOD_____	METHOD_____	METHOD_____
			VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
			TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
			TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
			EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____	11 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

12 LOCATION_____	13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
19 LOCATION_____	20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
26 LOCATION_____	27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	31 LOCATION_____	<p>ALL MANURE APPLICATION EQUIPMENT MUST BE CALIBRATED.</p> <p>CONSULT YOUR NMP FOR MORE INFORMATION ABOUT CALIBRATING EQUIPMENT.</p>
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	

AUGUST 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>PLEASE MAKE SURE YOU HAVE PAID YOUR CAFO ANNUAL (RENEWAL) FEE THAT WAS DUE ON JUNE 30TH. LATE FEES WILL BE ASSESSED AT THE BEGINNING OF SEPTEMBER. THE ONLINE RENEWAL PORTAL CLOSSES AT THE END OF SEPTEMBER. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR CAFO INSPECTOR OR THE CAFO PROGRAM AT (503) 986-4699.</p> <p>ONLINE SERVICES HTTPS://MYLICENSE.ODA.STATE.OR.US</p>						1 LOCATION_____
						TYPE_____
						METHOD_____
						VOLUME_____
						TOTAL N_____
						TOTAL P_____
						EXPORTED VOLUME_____
2 LOCATION_____	3 LOCATION_____	4 LOCATION_____	5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME_____	EXPORTED VOLUME_____	EXPORTED VOLUME_____	EXPORTED VOLUME_____	EXPORTED VOLUME_____	EXPORTED VOLUME_____	EXPORTED VOLUME_____

9	10	11	12	13	14	15
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
16	17	18	19	20	21	22
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
23	24	25	26	27	28	29
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE_____	TYPE_____		TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____		METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____		VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____					
TOTAL P_____	TOTAL P_____	METHOD_____				
EXPORTED VOLUME	EXPORTED VOLUME	VOLUME_____				
30	31					
LOCATION_____	LOCATION_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TYPE_____	TYPE_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
METHOD_____	METHOD_____	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
VOLUME_____	VOLUME_____					
TOTAL N_____	TOTAL N_____					
TOTAL P_____	TOTAL P_____					
EXPORTED VOLUME	EXPORTED VOLUME					

SEPTEMBER 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY
SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE
AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
REMINDER WINTER WEATHER IS ONLY A FEW MONTHS AWAY. MAKE SURE YOUR STORAGE STRUCTURES ARE ON TRACK TO BE READY/EMPTIED IN TIME.		1 LOCATION_____	2 LOCATION_____	3 LOCATION_____	4 LOCATION_____	5 LOCATION_____
		TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
		METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
		VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
		TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
		TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
		EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____	11 LOCATION_____	12 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____	19 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____	26 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	<p style="text-align: center;"><u>REMINDER</u></p> <p style="text-align: center;">SOIL SAMPLES FOR THE FARM MUST BE COMPLETED ONCE EVERY 5 YEARS. SEE PERMIT FOR SAMPLE FREQUENCY AND TIMING DEPENDING ON CAFO LOCATION AND SIZE.</p>		
TYPE _____	TYPE _____	TYPE _____	TYPE _____			
METHOD_____	METHOD_____	METHOD_____	METHOD_____			
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____			
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____			
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____			
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME			

OCTOBER 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p style="text-align: center;"><u>REMINDER</u></p> <p style="text-align: center;">FINISH EMPTYING AND PREPARING MANURE STORAGE FACILITIES FOR WINTER.</p> <p style="text-align: center;">COMPLETE FALL POST-HARVEST SOIL SAMPLING FOR NITRATES.</p> <p style="text-align: center;">IN ADDITION, MAKE SURE ALL GUTTERS AND DOWNSPOUTS ARE FUNCTIONAL.</p>				1 LOCATION_____	2 LOCATION_____	3 LOCATION_____
				TYPE_____	TYPE _____	TYPE_____
				METHOD_____	METHOD_____	METHOD_____
				VOLUME_____	VOLUME_____	VOLUME_____
				TOTAL N_____	TOTAL N_____	TOTAL N_____
				TOTAL P_____	TOTAL P_____	TOTAL P_____
				EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
4 LOCATION_____	5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____
TYPE_____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

11	12	13	14	15	16	17
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
18	19	20	21	22	23	24
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
25	26	27	28	29	30	31
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

NOVEMBER 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY
SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE
AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
8	9	10	11	12	13	14
LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____	LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____	19 LOCATION_____	20 LOCATION_____	21 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____	26 LOCATION_____	27 LOCATION_____	28 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
29 LOCATION_____	30 LOCATION_____	<p style="text-align: center;"><u>REMINDER</u></p> <p style="text-align: center;">THE END OF THE YEAR IS APPROACHING. PLEASE MAKE SURE YOUR 2025 ANNUAL REPORT WAS SUBMITTED AND YOUR 2026/2027 ANNUAL FEE WAS PAID. MAKE SURE YOUR NMP IS CURRENT. IF YOU HAVE QUESTIONS OR CONCERNS PLEASE CONTACT YOUR CAFO INSPECTOR OR THE CAFO PROGRAM AT (503) 986-4699.</p>				
TYPE _____	TYPE _____					
METHOD_____	METHOD_____					
VOLUME_____	VOLUME_____					
TOTAL N_____	TOTAL N_____					
TOTAL P_____	TOTAL P_____					
EXPORTED VOLUME	EXPORTED VOLUME					

DECEMBER 2026

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

☐ WATERLINES ☐ STORMWATER DIVERSION DEVICES ☐ DEPTH OF LIQUID MANURE STORAGE FACILITY ☐ MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>THANK YOU FOR YOUR CONTINUED EFFORTS TO STAY IN COMPLIANCE WITH YOUR CAFO PERMIT.</p> <p>HAPPY HOLIDAYS!</p>		1 LOCATION_____	2 LOCATION_____	3 LOCATION_____	4 LOCATION_____	5 LOCATION_____
		TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
		METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
		VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
		TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
		TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
		EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____	11 LOCATION_____	12 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____	18 LOCATION_____	19 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____	25 LOCATION_____	26 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	31 LOCATION_____	<p>EVEN WHEN NOT REQUIRED, MANURE ANALYSIS CAN PROVIDE VALUABLE INFORMATION TO INFORM NUTRIENT MANAGEMENT.</p>	
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____		
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____		
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____		
TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____		
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____		
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME		

ESTIMATION OF NITROGEN AND PHOSPHORUS FOUND IN ANIMAL MANURE OR LITTER

	TOTAL NITROGEN		TOTAL P2O5
BEEF 1			
DRY LOT (LB/TON OF MANURE)	14		9
POULTRY 1			
LAYER (LIQUID)	57 (LB/1,000 GALLONS)	1,548 (LB/ACRE-INCH)	51
LAYER (SOLID) (LB/TON OF MANURE)	37		55
BROILER (LB/TON OF MANURE)	75		27
SWINE 1			
LIQUID	39 (LB/1,000 GALLONS)	1,059 (LB/ACRE-INCH)	34
SOLID (LB/TON OF MANURE)	17		20
DAIRY 2			
DRY STACK (LB/TON OF MANURE)	10		10
SEPARATED SOLIDS (LB/TON OF MANURE)	5		2
RECEPTION TANK	20 (LB/1,000 GALLONS)	543 (LB/ACRE-INCH)	7
STORAGE POND	5 (LB/1,000 GALLONS)	135 (LB/ACRE-INCH)	30
EQUINE 3			
SOLID (LB/TON OF MANURE)	9		6
SHEEP/GOAT 4			
SOLID (LB/TON OF MANURE)	18		9.2

¹ VALUES FOR MANURE ARE BASED ON “DETERMINING CROP AVAILABLE NUTRIENTS FROM MANURE” (G1335).

² VALUES FOR DAIRY MANURE ARE BASED ON “DAIRY MANURE AS A FERTILIZER SOURCE” (EM8586).

^{3,4} VALUES FOR MANURE ARE BASED ON “FERTILIZING WITH MANURE” (PNW 0533).

LIQUID MANURE APPLICATION CHART
TOTAL NITROGEN (POUNDS OF N PER ACRE-INCH)

LBS OF N/1000 GALLONS	APPLICATION RATE (ACRE-INCH)							
	0.25	0.5	0.75	1	1.25	1.5	1.75	2
1	7	14	20	27	34	41	48	54
2	14	27	41	54	68	81	95	109
3	20	41	61	81	102	122	143	163
4	27	54	81	109	136	163	190	217
5	34	68	102	136	170	204	238	272
6	41	81	122	163	204	244	285	326
7	48	95	143	190	238	285	333	380
8	54	109	163	217	272	326	380	434
9	61	122	183	244	305	367	428	489
10	68	136	204	272	339	407	475	543
11	75	149	224	299	373	448	523	597
12	81	163	244	326	407	489	570	652
13	88	176	265	353	441	529	618	706
14	95	190	285	380	475	570	665	760
15	102	204	305	407	509	611	713	815
16	109	217	326	434	543	652	760	869
17	115	231	346	462	577	692	808	923
18	122	244	367	489	611	733	855	977
19	129	258	387	516	645	774	903	1032

CONVERSION FACTORS FOR MANURE*

1 TON = 2,000 POUNDS

1 CUBIC FOOT = 7.5 GALLONS

1 GALLON = 8.3 POUNDS

1 YARD = 27 CUBIC FEET

1 CUBIC FOOT = 55 POUNDS (DRY) TO 62 POUNDS (WET)**

**MANURE DENSITY (WEIGHT PER CUBIC FOOT) VARIES WITH MOISTURE CONTENT, PRIMARILY DEPENDING ON AMOUNT OF BEDDING/SOLIDS.

FOR A QUICK SOLID MANURE ESTIMATE, WEIGH A FIVE-GALLON PAIL OF MANURE. SUBTRACT THE WEIGHT OF THE BUCKET, USUALLY 2 POUNDS, TO GET THE ACTUAL WEIGHT OF THE MANURE. MULTIPLY THE WEIGHT OF THE MANURE BY 40 TO GET POUNDS PER CUBIC YARD.

* DUE TO THE VARIABILITY OF MANURE, USING THE ABOVE CONVERSION FACTORS WILL ONLY PROVIDE AN ESTIMATE. ACTUAL MANURE TEST VALUES WILL PROVIDE MORE ACCURATE INFORMATION.

NOTES:

SUMMARY OF REQUIRED INSPECTIONS TO BE DONE BY THE OPERATOR:

ITEMS	FREQUENCY
STORM WATER DIVERSION DEVICES, RUN-OFF DIVERSION STRUCTURES, MANURE, LITTER OR PROCESS WASTE WATER STORAGE STRUCTURES, DEVICES CHANNELING CONTAMINATED STORM WATER TO WASTE WATER AND MANURE STORAGE AND CONTAINMENT STRUCTURES.	PERIODICALLY
WATER LINES, INCLUDING DRINKING WATER OR COOLING WATER LINES.	PERIODICALLY
EQUIPMENT USED FOR LAND APPLICATION OF MANURE, LITTER OR PROCESS WASTE WATER.	PERIODICALLY WHEN EQUIPMENT IS IN USE
LIQUID IMPOUNDMENTS FOR MANURE AND PROCESS WASTE WATER.	PERIODICALLY

SUMMARY OF RECORDKEEPING REQUIREMENTS:

DATE, AMOUNT, AND NUTRIENT LOADING OF MANURE, LITTER OR PROCESS WASTE WATER APPLIED TO EACH FIELD.
TOTAL NITROGEN AND PHOSPHORUS APPLIED TO EACH FIELD.
METHOD OF MANURE APPLICATION.
TOTAL AMOUNT OF MANURE, LITTER OR WASTE WATER TRANSFERRED OR EXPORTED TO OTHER PERSONS.

VISIT [HTTP://ODA.DIRECT/CAFO](http://ODA.DIRECT/CAFO) FOR MORE CAFO PROGRAM RESOURCES INCLUDING:

MANURE SPREADING ADVISORY - A TOOL TO ASSIST OPERATORS WITH MANURE APPLICATION DECISIONS BASED UPON PROJECTED WEATHER DATA. VISIT THE CAFO WEBSITE TO SEE THE PROJECTED WEATHER CONDITIONS FOR YOUR AREA.

CAFO GENERAL NPDES PERMIT

CAFO GENERAL WPCF PERMIT

CAFO PROGRAM ANNUAL REPORT

2026 CAFO RECORDKEEPING CALENDAR

IF YOU HAVE ANY QUESTIONS ABOUT THE CAFO PROGRAM, PLEASE CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST, OR THE CAFO PROGRAM MANAGER CONNIE LANDIS, AT (503) 986-4699.

AREA	LIVESTOCK WATER QUALITY SPECIALIST	PHONE NUMBER	EMAIL
1	ARMANDO MACIAS	(503) 801-1630	ARMANDO.MACIAS@ODA.OREGON.GOV
2	CHARLENE OLSON	(503) 931-7778	CHARLENE.OLSON@ODA.OREGON.GOV
3	BEN KRAHN	(503) 510-8213	BEN.KRAHN@ODA.OREGON.GOV
4	CHRISTOPHER ANDERSON	(541) 660-9611	CHRISTOPHER.ANDERSON@ODA.OREGON.GOV
HYBRID	KATIE KEARNEY	(971) 707-8386	KATIE.KEARNEY@ODA.OREGON.GOV
6	HILARY COLLINSWORTH	(541) 881-6020	HILARY.COLLINSWORTH@ODA.OREGON.GOV

THIS CALENDAR IS TO HELP DOCUMENT INFORMATION REQUIRED BY THE CAFO PERMIT. IT IS NOT A REPLACEMENT FOR THE CAFO PERMIT.