

RENEWAL APPLICATION FOR THE OREGON CONFINED ANIMAL FEEDING OPERATION (CAFO) WATER POLLUTION CONTROL FACILITIES (WPCF) GENERAL PERMIT

Your Confined Animal Feeding Operation (CAFO) Water Pollution Control Facilities (WPCF) General Permit 01-2015 registration will expire September 30, 2025. If you will be continuing CAFO operations after September 30, 2025, please mail this completed and signed renewal form to the CAFO Program at ODA <u>by 5:00PM</u>, <u>August 1, 2025</u>, to the address below:

THERE IS NO FEE ASSOCIATED WITH THIS RENEWAL

Oregon Department of Agriculture Natural Resources CAFO Program 635 Capitol St. NE Salem, OR 97301

For general questions please call (503) 986-4700.

A postage free Business Reply envelope has been enclosed. If ODA does not receive your renewal form, your permit registration will expire on **September 30, 2025**. Operating a CAFO without permit coverage is a violation of Oregon law and subject to fines.

A. OPERATION INFORMATION	CAFO LICENSE NUMBER:
If any of the following information is incorrect, please cross it out and write in the correct information.	
BUSINESS NAME:	PHONE#:
OPERATOR NAME:	CELL PHONE#:
MAILING ADDRESS:	
FACILITY ADDRESS:	
FACILTY COUNTY:	
EMAIL ADDRESS:	
NOTE: An email address or cell phone number is required to receive Program announcements from ODA through GovDelivery.	

B. APPLY TO OR RENEW PERMIT

Please choose which permit you would like your CAFO facility to be registered to:

WPCF General Permit #01 (10-year)

If you would like to review this permit, please visit the CAFO Program website at: https://oda.direct/WPCF-Permit

C. NU	JTRIENT MANAGEMENT PLAN (NMP) INFORMATION
Please	e check one of the following:	For NMP questions, please call (503) 986-4700
	NMP is currently on file with ODA. A new or updated NMP has been composite. Please explain:	pleted and attached with this application for ODA review.
D. W	ATER SUPPLY PLAN (WSP) INFORMA	TION
expan		(WSP) as part of the WPCF Permit Renewal application for all new and permit on or after July 1, 2025 (ORS 468B.216). Please complete the ostage paid envelope provided.
	WSP has been completed and attacher review.	d with this application for ODA and Oregon Water Resources Department
Blank	WSP Forms can be found at: https://oda	.direct/Water-Supply-Plan-Form
E. SIC	GNATURE OF LEGALLY AUTHORIZED	REPRESENTATIVE
applic inform	ation and all attachments. Based on my nation contained in this application, I bel	nally examined and I am familiar with the information submitted in this inquiry of those persons immediately responsible for obtaining the ieve that the information is true, accurate and complete. I am aware that alse information, including the possibility of a fine and/or imprisonment.
Name	e & official title (print clearly or type)	
Signa	ature	Date signed