



OREGON
DEPARTMENT OF
AGRICULTURE

CONFINED ANIMAL FEEDING OPERATION
APPLICATION TO REGISTER (ATR) TO THE
OREGON CAFO GENERAL PERMIT

Instructions for filling out and mailing the ATR are attached. Please send the completed ATR to: Oregon Department of Agriculture, CAFO Program, 635 Capitol Street NE, Salem, Oregon 97301-2532. An application fee is required and must be mailed to a separate address. Please see the Fee Payment Form for payment instructions.

SECTION I. CAFO PERMIT SELECTION

Please choose which permit you would like your facility to operate under:

- ☐ NPDES General Permit #01-2016 (5-year permit)
☒ WPCF General Permit #01-2015 (10-year permit)

SECTION II. CONTACT INFORMATION

A. Operator

Name:

Columbia river ranch inc... Gary Bailey Pres.

Mailing address:

PO Box 1545

City, State, Zip code:

Clatskanie Or 97016

Phone number(s):

503 369 1901

Fax number:

E-mail address:

Columbia-cattle@gmail.com

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

B. Landowner (if different from operator) ☐ Previously permitted ☒ New registration

Name:

Mike Mazure

Mailing address:

8700 Green Dr.

City, State, Zip code:

Culver OR 97734

Phone number(s):

541-815-0444

Fax number:

We are leasing to own this feedlot

E-mail address:

we filed our contract with the county

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

Does an entity or persons, other than the landowner 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 _____

SECTION III. FACILITY INFORMATION

A. Facility

Facility Name: Columbia river ranch

Street address: 8700 Green drive
(Not PO Box)

City, State, Zip code: Culver Oregon 97734

County: Jesserson

Phone number(s): 503-364-1907

Fax number: _____

Email: Columbia.Catth@gmail.com

B. Latitude and longitude of production area or entrance to production area:

☒ Check this box if you want ODA staff to help obtain the information.

C. Closest water body or receiving stream:

☒ Check this box if you want ODA staff to help obtain the information.

D. Topographical map: A topographical map of your operation must be included with your application. See page 2 of ATR Instructions for more information.

E. 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 page 2 of the ATR Instructions for more information.

F. Land Use Compatibility Statement: Required for this General Permit. To be completed by your city or county planning office. See page 2 of ATR Instructions for more information.

SECTION IV. 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 OF ANIMALS IN OPEN CONFINEMENT	NUMBER OF ANIMALS HOUSE UNDER ROOF
Mature dairy cows		
Dairy heifers		
Veal calves		
Cattle (not dairy or veal)	3500	
Swine (55 lbs. or over)		
Swine (under 55 lbs.)		
Horses		
Sheep or lamb		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Goats		
Other: Specify _____		
Total Number of 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?

Provide units.

Liquid manure: _____ (units)

Solid manure/litter: 47330.5 _____ (units)

Wastewater: _____ (units)

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?

Liquid manure: _____ (units)

Solid manure/litter: _____ (units)

Wastewater: _____ (units)

SECTION IV. DESCRIPTION OF OPERATION (continued)

C. Type and Capacity of Waste Storage

TYPE OF WASTE STORAGE	NUMBER OF DAYS OF STORAGE	CAPACITY OF STORAGE (Check appropriate box for units)
Anaerobic lagoon		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Storage lagoon		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Evaporation pond	TBD	<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Above ground liquid storage tanks		<input type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet
Below ground liquid storage tanks		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet
Roofed storage shed (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Concrete pad (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Impervious soil pad (Solid manure and/or compost)		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Other: Specify _____		<input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards

SECTION V.

NUTRIENT MANAGEMENT PLAN (NMP) or

ANIMAL WASTE MANAGEMENT PLAN (AWMP)

- A. Has a NMP or AWMP been developed? ☐ Yes ☐ No
- B. Is the facility operating according to the NMP or AWMP? ☐ Yes ☐ No
- C. If yes, answer the following questions
- a) Does it reflect the current number of animals at the facility? ☐ Yes ☐ No
- b) Does it reflect the current method of waste management? ☐ Yes ☐ No
- c) Is your current plan on file with ODA? ☐ Yes ☐ No

D. Date of the last review or revisions of the NMP or AWMP: _____/_____/_____
Month Year

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

All Manure Exported

SECTION VI. CERTIFICATIONS

Certification A: Nutrient Management Plan (NMP) or Animal Waste Management Plan (AWMP)

I understand that the permit requires the preparation of a (NMP or AWMP) for the facility described in this ATR. I agree to submit and implement an NMP or AWMP in accordance with the requirements and time lines specified in the permit.

Gary M Bailey
Signature (operator or owner)

Gary M Bailey
Print Name

1-20-25
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.

Gary M Bailey
Signature (operator or owner)

Gary M Bailey
Print Name

1-20-25
Date

Gary M Bailey
Signature (operator or owner)

Gary M Bailey
Print Name

1-20-25
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 II (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. The CAFO General Permit is viewable/printable at <http://www.oregon.gov/ODA/NRD/pages/cafoproqdocs.aspx>

ODA requires a nonrefundable application fee of \$100.00 for a small, \$150.00 for a medium and \$300.00 for a large with the submission of this ATR. Go to page 6 table 1 of the NPDES or WPCF Permit to determine the size of the facility. Please see Application Payment Form for payment instructions. ODA will bill you for the additional Annual Permit Fee once we review and approve your ATR and AWMP. If you have questions, please call ODA at 503-986-4699 or 503-986-4700.

WHAT IS A LUCS? The LUCS is the process ODA uses to determine that ODA permits and other approvals that affect land use are consistent with the local government comprehensive plan.

WHY IS A LUCS REQUIRED? Oregon law requires that state agency activities related to land use be consistent with local comprehensive plans in accordance with ORS Chapter 197.

WHEN IS A LUCS REQUIRED? A LUCS is required for nearly all ODA permits, some General Permits, and certain approvals for plans or related activities that affect land use. These activities are listed in this form. In cases where a source needs more than one ODA permit or approval, a single LUCS may be used.

A permit modification requires a LUCS when:

- there is a physical expansion on the property or the use of additional land is proposed;
- there is an expansion of the waste treatment works that requires additional permits or licenses;

A permit renewal requires a LUCS if one has not previously been submitted, or if one of the above two permit modification factors apply.

HOW TO COMPLETE A LUCS:

- The LUCS form is included in the ODA permit application or approval packet.
- Applicant fills out Section 1 of the LUCS and then submits it to the city or county planning office.
- The local planning office determines if the business or facility meets all local planning requirements.
- The local planning office must attach written findings of fact for local reviews or other necessary planning approvals that are required of the applicant.
- The applicant includes the completed LUCS and attachments with the permit application or approval submittal.

County

SECTION 1 - TO BE FILLED OUT BY APPLICANT

1. Name of applicant: Columbia river ranch inc Contact person: Gary M Bailey
Telephone: 503-369-1907

Mailing address:
PO Box 1545
Clatskanie OR
97016

Location address:
87009 Green Drive
Culver OR 97734

Tax Acct. # _____ Tax Lot # _____ Township _____ Range _____ Section _____
Latitude 44.51 Longitude 121.25

2. Describe type of business or facility and the services or products provided:

Beef Feedlot

3. Mark the type of ODA permit being applied for at this time:
Oregon CAFO General Permit ☒ Oregon CAFO Individual Permit _____

4. This application is for a:
new permit ☒ permit renewal _____ permit modification _____ other _____

SECTION 2 - TO BE FILLED OUT BY CITY OR COUNTY PLANNING OFFICIAL

5. The facility proposal is located: inside city limits _____ outside UGB ☒ inside UGB _____

6. Name of city or county that has land use jurisdiction*: Jefferson County
*jurisdiction means the legal entity that is responsible for land use decisions for the subject of property or land use.

7. The business or facility complies with all applicable local land use requirements: yes ☒ no _____

7a. List all local reviews or approvals that were required of the applicant before the LUCS consistency was determined.

(This does not include past requirements that do not relate to the pending ODA permit request).

Outright permitted use per the Jefferson Co. Zoning Ordinance, Chapter 3, property zoned EFU A-1 on existing feed lot operation.

7b. If no, identify reasons for noncompliance or list requirement(s) that the applicant must comply with before LUCS consistency can be determined.

N/A

7c. Is local government currently processing remaining requirements to attain LUCS consistency?
yes _____ no ☒

8. Planning official reviewer's telephone number: 541-475-4462

SECTION 3 - SIGNATURES

Tanya Cloutier Tanya Cloutier Title Assistant Planner Date 12/2/2020
Planning Official Print Planning Official's name

Planning Official Print Planning Official's name Date _____
(depending upon city/county agreement on jurisdiction outside city limits but within UGB)

ATTENTION: A LUCS approval cannot be accepted by ODA until all local requirements have been met. Written findings of fact for all local decisions addressed under 7 through 7b must be attached to the LUCS



OREGON
DEPARTMENT OF
AGRICULTURE

Protect. Promote. Prosper.

Confined Animal Feeding Operations Program
635 Capitol St NE, Salem, OR 97301-2532
503.986.4699 | Oregon.gov/ODA

WATER SUPPLY PLAN

Section I. CONTACT INFORMATION

Operator name: Gary M Bailey for Columbia river ranch inc.

Landowner name (if different from operator):

Mike and Kelly Mazure

Name of operation:

Columbia river ranch inc

Address of operation:

8700 S.W. Groen Drive

Clatsop Oregon

Watermaster district of operation:

District # 11 Jefferson County

Section II. CRITICAL GROUNDWATER AREA

Is the CAFO located in a critical groundwater area?

☐ Yes

☒ No

Section III. TYPE OF CAFO Application

☒ New

☐ Expanding

☐ Renewing

Section IV. IRRIGATION WATER SUPPLY

Total Estimated Needs:

Gallons/day

Existing, perfected groundwater right(s):

Certificate/Permit#

Certificate/Permit#

Certificate/Permit#

Existing, perfected surface water right(s):

Certificate/Permit#

Certificate/Permit#

Certificate/Permit#

☒ Check this box if the CAFO will not land apply any manure, litter, process wastewater, or compost to any irrigated land on the CAFO.

Appendix A.

Livestock Water Consumption Table

Type of Animal	Drinking water consumption (gallons per day)
BEEF	
Bull	20.6
Lactating	20
Gestating	17.5
Calf	10
Feeder cattle	24
DAIRY	
Bull	20
Milking cow	54
Dry cow	15
Heifer	10
Calf	10
SWINE	
Boar	6
Sow	6
Weaner	2
Feeder	3
CHICKEN	
Broiler	203.4/1000 birds
Layer	84.5/1000 birds
Breeder	85/1000 birds
Pullet	48/1000 birds
TURKEYS	
15-21wk	300.9/1000 birds
1-7wk	118.3/1000 birds
SHEEP/GOATS	
Ram	2
Gestating	2.5
Lactating	3.5
Lamb/kid	3.5
EQUINE	
Horses	21.7
Donkeys	15.6
Mules	15.6
OTHERS	
Consult with ODA	

Section V. AGRICULTURAL COMMERCIAL/INDUSTRIAL WATER SUPPLY

Total Estimated Needs: _____ Gallons/day

Existing, perfected groundwater right(s): Certificate/Permit# _____
Certificate/Permit# _____
Certificate/Permit# _____

Existing, perfected surface water right(s): Certificate/Permit# _____
Certificate/Permit# _____
Certificate/Permit# _____

☒ Check this box if the existing water right exemption for commercial/industrial uses of up to 5,000 gallons per day will meet the agricultural water use needs necessary to operate the existing or proposed CAFO.

Exempt agricultural commercial/industrial water will come from...

Existing well(s): Well # _____
Well # _____
Well # _____

Existing surface water source(s): Source Description _____
Source Description _____
Source Description _____

Section VI. STOCKWATERING SUPPLY

Total Estimated Needs: Gary M Bailey 84000 Gallons/day

Number of Animals by Type: Pres. Columbia 3500 Feeder cattle
River
Ranching

Existing, perfected groundwater right(s): Certificate/Permit# _____
Certificate/Permit# _____
Certificate/Permit# _____

Existing, perfected surface water right(s): Certificate/Permit# _____
Certificate/Permit# _____
Certificate/Permit# _____

☒ Check this box if the operation meets the definition of a New CAFO, as defined in OAR 603-074-0010, and the use of ground water for stockwatering purposes will be limited to 12,000 gallons per day without a water right (ORS 537.545(a)).

Section VI. STOCK WATERING SUPPLY CONT.

Exempt stock water will come from...

Existing well(s):

Well # _____

Well # _____

Well # _____

Existing surface water source(s):

Source Description _____

Source Description _____

Source Description _____

Section VII. ALTERNATE WATER SUPPLIES/SOURCES

Please describe any alternate sources, including municipalities, that will supply the water needs of the CAFO:

Deschutes Valley Water District
881 Culver Highway Madras Oregon 97741

541-475-3849

Service/Feedlot address 8700 S.W. Green Dr
Culver 97734

Certified to be true by CAFO Applicant – Operator and Title

Print Name: Gary M Bailey Pres... Columbia river ranch inc

Signature: Gary M Bailey

Title: President

Date: 2-14-25

For agency use only – Do not write below this line

Approved by ODA – Name and Title

Print Name: Connie Landis

Signature: Connie Landis

Title: CAFO Program Manager, ODA

Date: 6/25/2025

Approved by OWRD – Name and Title

Print Name: Jeremy Griffin

Signature: Jeremy Griffin

Title: District 11 Watermaster

Date: 6-25-25

Conditions (if applicable): Water For Stockwater is to be
Supplied by DWRD.

**OREGON
DEPARTMENT OF
AGRICULTURE**

Protect. Promote. Prosper.

635 Capitol St NE, Salem, OR 97301-2532
503.986.4550 | Oregon.gov/ODA

State of Oregon
**Department of
Environmental
Quality**



700 NE Multnomah St, Suite 600, Portland, OR 97232
503.378.8240 | Oregon.gov/DEQ

Declaration of Pre-application Preliminary Consultation

Background

Pursuant to ORS 468B.215 and the amendments made in Senate Bill 85 relating to confined animal feeding operations (CAFOs), before submitting an application for a new large CAFO or an expanding large CAFO, a person must request a preliminary consultation with the Department of Environmental Quality (DEQ) or the State Department of Agriculture (ODA) (ORS 468B.215 (4)(a)). A complete application for a CAFO permit must include a signed declaration of the preliminary consultation if the applicant is subject to one (OAR 603-074-0012 (4).)

Certification

I understand that the permit application requires the request of and participation in a preliminary consultation prior to the submission of an application for a CAFO permit for a new large CAFO or an expanding large CAFO. I certify that I have participated in the required preliminary consultation.

Gary M Bailey

Print Name (operator or owner)

Gary M Bailey

Signature

1-20-25

Date