



**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: Tuan Tiet
Mailing address: 50 H Lane
City, State, Zip code: Navoto, CA 94945
Phone number(s): (415) 602-8545
Fax number: (503) 829-6666
E-mail address: tvviet@yahoo.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: Same as above
Mailing address: _____
City, State, Zip code: _____
Phone number(s): _____
Fax number: _____
E-mail address: _____

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: Molalla Poultry, Inc.
Street address: 29917 S Sprague Rd.
(Not PO Box)
City, State, Zip code: Molalla, OR 97038
County: Clackamas
Phone number(s): (415) 602-8545
Fax number: (503) 829-6666
Email: tvviet@yahoo.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)		
Swine (55 lbs. or over)		
Swine (under 55 lbs.)		
Horses		
Sheep or lamb		
Turkeys		
Chickens (broilers)	310,000	
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: see AWMP 21005 _____ (units)

Wastewater: _____ (units)

b) How many acres of land will be used for applying manure, litter, and/or wastewater?

0 acres

c) How much of manure, litter, or wastewater will be transferred annually to other entities/ persons?

Liquid manure: _____ (units)

Solid manure/litter: See AWMP 21005 _____ (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 checked="" type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Storage lagoon		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Evaporation pond		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Acre Feet
Above ground liquid storage tanks		<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Cubic Feet
Below ground liquid storage tanks		<input checked="" type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet
Roofed storage shed (Solid manure and/or compost)	144 days 60,757	<input checked="" type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Concrete pad (Solid manure and/or compost)		<input checked="" type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Impervious soil pad (Solid manure and/or compost)		<input checked="" type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Cubic Yards
Other: Specify _____		<input checked="" 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: 2 / 2021
Month Year
- E. If not land applying manure, litter, and/or wastewater, how else will they be used?

All waste will be exported from the facility

AWMP 21005 has been reviewed and pending

public notice

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.



Signature (operator or owner) Tuan Tiet May 13 2021

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) Tuan Tiet 5/13/2013

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 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.