

**Registration for Reuse of
CAFO Effluent**
[ORS 537.141 (1) (i) and (6)]



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

1. Name of Registrant. Who will reuse groundwater? _____
 - A. Address _____
 - B. Name of Contact Person _____
 - C. Phone Number and email address _____
 - D. County _____

2. Does the registrant control or operate the land where the reuse will occur?
YES **NO** If no, provide the landowner's name and contact information below.
 - A. Address _____
 - B. Contact person _____
 - C. Phone number and email address _____
 - D. County _____

3. The groundwater source well(s) water right information (attach additional sheet with list if necessary):

Right #1 Permit Number _____ or Certificate Number _____

Right #2 Permit Number _____ or Certificate Number _____

Right #3 Permit Number _____ or Certificate Number _____

4. Total Acres to Receive Wastewater _____

5. List all Water Rights Appurtenant to the Land that will receive CAFO effluent, if any.

Permit Number _____ or Certificate Number _____

Permit Number _____ or Certificate Number _____

6. CAFO Animal Waste Management Plan (AWMP) amount of total manure and process water generated annually at CAFO (CFS/GPM).

7. Total manure and process water storage capacity listed in AWMP for CAFO.

8. Location of land to receive water must be shown on a map attached to this registration form. Features of the map(s) should include the following:

- A north arrow.
- Drawn to scale at not less than 4" = 1 mile, with the scale identified.
- Township, Range, Section, Quarter-Quarters, and tax lot number(s).
- Place of use shown by Quarter-Quarter section with shading or diagonal lines.
- Acres, if land application, per Quarter-Quarter section (approximate if not certain).
- Location of main canals or pipelines to and within the reclaimed water use area.
- Streams and roads identified if they cross through the map.
- Other obvious features that would help someone in the field locate the place of use.
- A legend.

I certify the information provided on this document is true and accurate to the best of my knowledge.

_____ Date _____

Signature of registrant

This section is to be completed by the Oregon Department of Agriculture (ODA)

Date registration form received at ODA _____

Pursuant to ORS 537.141(6), ODA has:

Authorized the reuse of water as evidenced by the NPDES or WPCF CAFO permit issued and described below.

Permit Number: _____ ODA File Number: _____

I certify the provisions of ORS 468B.050 or 468B.215 for this application are satisfied.

_____ Date _____

ODA Water Quality Manager Signature

ODA Water Quality Manager's printed name

Once signed by ODA, this completed form is to be sent to:

Oregon Water Resources Department
C/O Water Reuse Coordinator
725 Summer St. NE, Suite A
Salem, OR 97301-1266

This section is to be completed by OWRD.

Are the groundwater source(s) exempt under 537.545 (a), (f), or (g)? _____

Reviewed by: _____ Date _____