Oregon Department of Agriculture (ODA)
Confined Animal Feeding Operation (CAFO)
Application to Register (ATR) to the
Oregon CAFO General Permit

Oregon Department of Agriculture
635 Capitol Street N.E.
Salem, OR 97301-2532

Instructions for filling out the ATR are attached.
A $50 application fee is required at the time the ATR is submitted. See Fee Payment Form for instructions.

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ODA - AREA V

Section I. CAFO Permit Selection

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

- ☐ NPDES General Permit #01-2014 (5-year permit)
- ☒ WPCF General Permit #01-2014 (10-year permit)

Section II. Contact Information

A. Operator

Name: Dan McFarland McFarland Livestock LLC
Mailing address: PO Box 5263
City, State, Zip code: Klamath Falls, OR
Phone number(s): Cell: 541-601-2697
Fax number:
E-mail address: mccattle2@gmail.com; mccattle2@hotmail.com

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

B. Landowner (if different from operator)

☐ Previously permitted ☒ New registration

Name: McFarland Ranches, LLC
Mailing address: PO Box 5263
City, State, Zip code: Klamath Falls, OR 97601
Phone number(s): Same
Fax number:
E-mail address: Same

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_____

ATR page 1 revised on 10/20/15 (date) Signed: Dan McFarland
Dan McFarland

Section II. Facility information

A. Facility

Name: McFarland Ranches, LLC Feedlot

Street address: (Not P.O. Box) 21385 Adams Point Road

City, State, ZIP code: Merrill, OR 97633

County: Klamath

Phone number(s): 541-601-2697

Fax number: 541-883-2697

☐ **Check this box if you want ODA staff to help with obtaining the following information.**

- Latitude and longitude of production area or entrance to production area (required); or quarter, section, township, and range to the nearest quarter section (optional):

  42° 01' 50" N, 121° 29' 59" W; Sec. 2, T41S, R11E; ATN: R-4111-00200-00500-000

- Closest water body or receiving stream:

  Lost River

B. 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 checklist on page 9 of the accompanying instructions for more information.*

C. Topographical map: A topographical map of your operation must be included with your application. *See instructions on page 8 for details.*

Section III. 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 in open confinement	Number housed under roof
Mature dairy cows		
Dairy heifers		
Veal calves		
Cattle (not dairy or veal)	800 average (maximum of 1400)	0
Swine (55 lbs. or over)		
Swine (under 55 lbs.)		
Horses		
Sheep or lamb		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other: Specify _____		
Total animals	800 average (maximum 1400)	0

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?

800* _____tons _____gallons _____cubic feet

*amount for maximum cattle on site from November to April

b) How many acres of land will be used for applying manure, litter, and/or wastewater? 122 acres

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

0 _____tons _____gallons _____cubic feet

Section III. Description of operation, continued

C. Type and capacity of containment and storage

Type of containment or storage	Total number of days	Total capacity (tons/gallons/cubic feet)
Anaerobic lagoon		
Storage lagoon		
Evaporation pond		
Holding pond		
Aboveground storage tanks		
Belowground storage tanks		
Roofed storage shed		
Concrete pad		
Impervious soil pad	5 months (151 days)	800 tons
Other: Specify _____		

Section IV. Animal Waste Management Plan (AWMP)

a) Has an Animal Waste Management Plan (AWMP) been developed? ☑ Yes ☐ No

b) Is the facility operating according to the AWMP? ☑ Yes ☐ No

c) If yes, answer the following questions:

Does it reflect the current number of animals at the facility? ☑ Yes ☐ No

Does it reflect the current method of waste management? ☑ Yes ☐ No

Is your current plan on file with ODA? ☑ Yes ☐ No

d) Date of the last review or revisions of the AWMP: 02 (Month) / 2012 (Year)

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

N/A

Certifications

Certification A: Animal Waste Management Plan

I understand that the permit requires the preparation of an animal waste management plan for the facility described in this ATR. I agree to submit and implement an animal waste management plan in accordance with the requirements and timelines specified in the permit.

Signature (operator or owner)	Print Name	Date
	Dan McFarland	3-25-12

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)	Print Name	Date
	Dan McFarland	3-25-12

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 I (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.

Do not send in fees when submitting this application, as ODA cannot accept fees for an application to register to the permit. ODA will determine if permit coverage is necessary and will require payment at that time. The registration fee is $50, and the annual compliance determination fee is $25. A total of $75 will be due if permit coverage is required, and the $75.00 will be billed at that time. If you have questions, please call ODA at
503-986-4699 or 503-986-4700.

Please send this completed ATR to: Natural Resources Division, Oregon Department of Agriculture, 635 Capitol Street NE, Salem, Oregon 97301-2532.