

**Oregon Department of Agriculture (ODA)
Oregon Confined Animal Feeding Operation (CAFO)
National Pollutant Discharge Elimination System (NPDES) General Permit
ANNUAL REPORT for Small and Medium CAFOs**

Your Oregon CAFO NPDES General Permit requires you to submit an annual report to ODA by March 15th each year. Please complete and sign this report for calendar year 2016 and return it by **March 15, 2017**.

Calendar Year: 2016 **Reporting period:** January 1 through December 31, 2016

County:																			
Name:																			
Business Name:																			
Mailing Address:																			
Facility Address:																			
Telephone #:	Cell Phone #:																		
E-mail Address:	Office Use Only: MA #																		
<p>1. Maximum number of permitted animals approved by ODA _____</p> <p>2. Actual number of animals by type at the CAFO (averaged over the year)</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%;">Beef: _____</td> <td style="width: 50%;">Sheep/Goats: _____</td> </tr> <tr> <td>Dairy: _____</td> <td>Lambs: _____</td> </tr> <tr> <td>Heifers: _____</td> <td>Ducks: _____</td> </tr> <tr> <td>Veal calves: _____</td> <td>Turkeys: _____</td> </tr> <tr> <td>Horses: _____</td> <td>Chickens</td> </tr> <tr> <td>Swine</td> <td>Broilers: _____</td> </tr> <tr> <td>< 55 pounds: _____</td> <td>Layers: _____</td> </tr> <tr> <td>> 55 pounds: _____</td> <td>Mink: _____</td> </tr> <tr> <td>Other: _____</td> <td></td> </tr> </table>		Beef: _____	Sheep/Goats: _____	Dairy: _____	Lambs: _____	Heifers: _____	Ducks: _____	Veal calves: _____	Turkeys: _____	Horses: _____	Chickens	Swine	Broilers: _____	< 55 pounds: _____	Layers: _____	> 55 pounds: _____	Mink: _____	Other: _____	
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Other: _____																			
<p>3. Animal Waste Management Plan (AWMP) approval date: _____</p> <p>Does the plan reflect current operations? Yes No</p> <p>Plan developed by: NRCS certified planner Private certified planner Other: _____</p> <p>Frozen soil application guidance included in plan? Yes No</p> <p>Did you apply manure to frozen soil in the last year? Yes No</p>																			
<p>4. Generated by CAFO (Estimated amount) <i>(Please specify the unit of measurement used: tons, gallons, or cubic feet)</i></p>	<p>Manure: Liquid: _____ Solid: _____</p> <p>Poultry litter: _____</p> <p>Process wastewater: _____</p>																		

<p>5. Exported from CAFO (Estimated amount) (Please specify the unit of measurement used: tons, gallons, or cubic feet)</p>	<p>Manure: Liquid: _____ Solid: _____</p> <p>Poultry litter: _____</p> <p>Process wastewater: _____</p> <p>Done in accordance with the AWMP? Yes No</p> <p>If no, please explain why:</p>
<p>6. Land Application (Please specify the unit of measurement used: tons, gallons, or cubic feet)</p>	<p>Manure: Liquid: _____ Solid: _____</p> <p>Poultry litter: _____</p> <p>Process wastewater: _____</p>
<p>7. Acres of land under operator control used for manure, poultry litter and/or process wastewater application: _____</p> <p>8. Acres of land for land application covered by the AWMP: _____</p> <p>9. Did any manure, poultry litter, and/or process wastewater discharge to surface water from your production area this past year? Yes No</p> <p>If yes, please provide a summary of the approximate volume, date, and time of each discharge.</p> <p style="text-align: center;"><i>You may want to review the discharge, production area, and pollutant definitions in the CAFO permit.</i></p>	

If you have questions about the annual report, please contact your area CAFO Livestock Water Quality Specialist or call CAFO Program support staff in Salem at (503) 986-4699.

I certify, under penalty of law, that this document and all attachments were prepared under my direct 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 person or persons who manage the 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 fines and imprisonment for knowing violations.

Signature of Legally Authorized Representative: _____

Print Name: _____ Date: _____

You may fax or email your completed report so that we receive it no later than 5:00 PM on March 15, 2017 to Attn: Janet at fax no. (503) 986-4730 or, jshort@oda.state.or.us **however,**

you must also mail the signed, original report to:

Oregon Department of Agriculture
Natural Resources Division/CAFO Program
635 Capitol Street NE
Salem, OR 97301