

CAFO
RECORDKEEPING
CALENDAR

2024

SMALL AND MEDIUM CAFOs

NAME OF OPERATION _____

JANUARY 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
HAPPY NEW YEAR!	1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	
	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	
21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	
28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	31 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p><u>REMINDER</u></p> <p>MANURE APPLICATION TO SATURATED SOIL IS PROHIBITED.</p> <p>REVIEW YOUR ODA-APPROVED NMP/AWMP TO DETERMINE APPROPRIATE MANURE APPLICATION AREAS, RATES, AND BUFFER WIDTHS FOR THE TIME OF YEAR YOU PLAN TO MAKE THE APPLICATION.</p> <p>ALL MANURE APPLICATIONS MUST BE DONE IN ACCORDANCE WITH YOUR ODA-APPROVED NMP/AWMP.</p>			

FEBRUARY 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
<p style="text-align: center;"><u>IMPORTANT REMINDER</u></p> <p style="text-align: center;">THE 2023 ANNUAL REPORT IS DUE FOR FACILITIES REGISTERED TO THE NPDES PERMIT BY MARCH 15, 2024.</p> <p style="text-align: center;">IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR LIVESTOCK QUALITY SPECIALIST OR THE CAFO PROGRAM AT (503) 986-4699.</p>				1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____				
				4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p>ANNUAL REPORT FORMS WERE MAILED WITH THIS CALENDAR. IF YOU NEED ADDITIONAL COPIES OF THE REPORT FORM, PLEASE CONTACT ODA @ 503-986-4699 OR GO ONLINE TO:</p> <p><u>HTTPS://WWW.OREGON.GOV/ODA/ PROGRAMS/NATURAL RESOURCES/PAGES/CAFO.ASPX</u></p>	

APRIL 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
IF YOU HAVE NOT SUBMITTED YOUR 2024 CAFO ANNUAL REPORT IT IS PAST DUE. IF YOU NEED ASSISTANCE PLEASE CONTACT YOUR AREA INSPECTOR.	1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	
	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____		
21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____		
28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p>ALL MANURE APPLICATION EQUIPMENT MUST BE CALIBRATED. CONSULT YOUR NMP/AWMP FOR MORE INFORMATION ABOUT CALIBRATING EQUIPMENT.</p> <p>CONTROL UNDESIRABLE VEGETATION ON LAGOONS BY SPRAYING OR MOWING LAGOON BERMS.</p>					

MAY 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
<p style="text-align: center;">REMINDER</p> <p>THE FOLLOWING RECORDS ARE TO BE MAINTAINED ON-SITE AND READILY AVAILABLE UPON REQUEST:</p> <p>NMP/AWMP, OREGON NPDES CAFO PERMIT OR WPCF CAFO PERMIT, PERMIT SUMMARY, INSPECTIONS OF FACILITY MADE BY OPERATOR, LAND APPLICATION OF MANURE AND/OR WASTEWATER, MANURE EXPORT, AND SOIL SAMPLE RESULTS.</p> <p>THE CAFO PERMIT REQUIRES THAT ALL RECORDS BE KEPT FOR A MINIMUM OF FIVE YEARS.</p>			1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____			
			5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	31 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	SUMMER IS JUST AROUND THE CORNER.

JUNE 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>THE CAFO ANNUAL LICENSE (RENEWAL) FEE IS DUE ON JUNE 30, 2024, FOR 2024/2025. IN MAY YOU SHOULD HAVE RECEIVED A POST CARD OR EMAIL WITH INSTRUCTIONS ON HOW TO PAY YOUR FEE ONLINE AT: HTTP://MYLICENSE.ODA.STATE.OR.US</p> <p>CAFO LICENSES EXPIRE ON JUNE 30TH OF EACH YEAR.</p> <p>IF YOUR LICENSE IS EXPIRED, YOU ARE IN VIOLATION OF YOUR CAFO PERMIT.</p> <p>IF YOU DIDN'T RECEIVE A POST CARD OR AN EMAIL, PLEASE CONTACT THE CAFO PROGRAM AT (503) 986-4699.</p>						1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

JULY 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
IF ADDITIONAL LAND APPLICATION AREAS ARE ADDED, PLEASE INFORM YOUR CAFO INSPECTOR TO ENSURE YOUR NMP/AWMP IS UP TO DATE.	1 LOCATION _____	2 LOCATION _____	3 LOCATION _____	4 LOCATION _____	5 LOCATION _____	6 LOCATION _____
	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
	METHOD _____	METHOD _____	METHOD _____	METHOD _____	METHOD _____	METHOD _____
	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____
	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____
	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____
	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
7 LOCATION _____	8 LOCATION _____	9 LOCATION _____	10 LOCATION _____	11 LOCATION _____	12 LOCATION _____	13 LOCATION _____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD _____	METHOD _____	METHOD _____	METHOD _____	METHOD _____	METHOD _____	METHOD _____
VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____	VOLUME _____
TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____	TOTAL N _____
TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____	TOTAL P _____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	31 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p><u>REMINDER</u></p> <p>MANAGE LIQUID MANURE STORAGE FACILITIES TO ENSURE THESE FACILITIES ARE OPERATING AT DESIGN CAPACITY.</p> <p>WOODY VEGETATION OR AN ACCUMULATION OF CRUST ON TOP OF, OR SOLIDS ACCUMULATED IN THE BOTTOM OF THE LIQUID MANURE STORAGE FACILITY IS UNACCEPTABLE.</p> <p>TRACK FRESH WATER/IRRIGATION ADDITIONS MADE TO THE MANURE SYSTEM.</p>		

AUGUST 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p style="text-align: center;">PLEASE MAKE SURE YOU HAVE PAID YOUR CAFO ANNUAL (RENEWAL) LICENSE FEE FOR 2024/2025.</p> <p style="text-align: center;">THIS IS A REQUIREMENT TO MAINTAIN YOUR CAFO PERMIT REGISTRATION.</p> <p style="text-align: center;">IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR LIVESTOCK QUALITY SPECIALIST OR THE CAFO PROGRAM AT (503) 986-4699.</p>				1 LOCATION_____	2 LOCATION_____	3 LOCATION_____
				TYPE _____	TYPE _____	TYPE _____
				METHOD_____	METHOD_____	METHOD_____
				VOLUME_____	VOLUME_____	VOLUME_____
				TOTAL N_____	TOTAL N_____	TOTAL N_____
				TOTAL P_____	TOTAL P_____	TOTAL P_____
				EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
4 LOCATION_____	5 LOCATION_____	6 LOCATION_____	7 LOCATION_____	8 LOCATION_____	9 LOCATION_____	10 LOCATION_____
TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____	TYPE _____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

11 LOCATION_____	12 LOCATION_____	13 LOCATION_____	14 LOCATION_____	15 LOCATION_____	16 LOCATION_____	17 LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
18 LOCATION_____	19 LOCATION_____	20 LOCATION_____	21 LOCATION_____	22 LOCATION_____	23 LOCATION_____	24 LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME
25 LOCATION_____	26 LOCATION_____	27 LOCATION_____	28 LOCATION_____	29 LOCATION_____	30 LOCATION_____	31 LOCATION_____
TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____	TYPE_____
METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____	METHOD_____
VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____	VOLUME_____
TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____	TOTAL N_____
TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____	TOTAL P_____
EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME	EXPORTED VOLUME

SEPTEMBER 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p><u>REMINDER</u></p> <p>SOIL SAMPLES FOR PART OF THE FARM MUST BE COMPLETED EVERY YEAR.</p> <p>SEE PERMIT FOR SAMPLE FREQUENCY AND TIMING DEPENDING ON CAFO LOCATION AND SIZE.</p> <p>WINTER WEATHER IS ONLY A FEW MONTHS AWAY. MAKE SURE YOUR STORAGE STRUCTURES ARE ON TRACK TO BE READY/EMPTIED IN TIME.</p>				

13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	31 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	<p><u>REMINDER</u></p> <p>COMPLETE FALL POST-HARVEST SOIL SAMPLING FOR NITRATES.</p> <p>IN ADDITION, MAKE SURE ALL GUTTERS AND DOWNSPOUTS ARE FUNCTIONAL.</p>	

NOVEMBER 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p><u>REMINDER</u></p> <p>ALL MANURE APPLICATIONS MUST BE DONE IN ACCORDANCE WITH APPLICABLE PERMIT CONDITIONS AND YOUR ODA-APPROVED NMP/AWMP.</p> <p>REVIEW YOUR FARM'S ODA-APPROVED NMP/AWMP TO DETERMINE ANY LIMITATIONS TO APPLICATION TIMES AND AREAS.</p>					<p>1 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>2 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>
<p>3 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>4 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>5 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>6 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>7 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>8 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>	<p>9 LOCATION _____</p> <p>TYPE _____</p> <p>METHOD _____</p> <p>VOLUME _____</p> <p>TOTAL N _____</p> <p>TOTAL P _____</p> <p>EXPORTED VOLUME _____</p>

DECEMBER 2024

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS AFTER THE DISCOVERY OF THE EVENT.

INSPECTIONS

WATERLINES STORMWATER DIVERSION DEVICES DEPTH OF LIQUID MANURE STORAGE FACILITY MANURE APPLICATION EQUIPMENT
THESE INSPECTIONS MUST BE COMPLETED ONCE EVERY (6) SIX MONTHS.

MANURE APPLICATION AND MANURE EXPORTATION RECORDS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	2 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	3 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	4 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	5 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	6 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	7 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
8 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	9 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	10 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	11 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	12 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	13 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	14 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____

15 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	16 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	17 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	18 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	19 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	20 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	21 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
22 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	23 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	24 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	25 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	26 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	27 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____	28 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL N _____ TOTAL P _____ EXPORTED VOLUME _____
29 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL _____ TOTAL P _____ EXPORTED VOLUME _____	30 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL _____ TOTAL P _____ EXPORTED VOLUME _____	31 LOCATION _____ TYPE _____ METHOD _____ VOLUME _____ TOTAL _____ TOTAL P _____ EXPORTED VOLUME _____	<p>NON-GROWING SEASON MANURE APPLICATIONS POSE A HIGHER RISK OF A DISCHARGE.</p> <p>MANURE APPLICATIONS TO SATURATED SOIL IS PROHIBITED AND APPLICATION TO FROZEN SOIL CAN ONLY BE DONE IF ALLOWED IN YOUR ODA-APPROVED NMP/AWMP.</p> <p>ALL MANURE APPLICATIONS MUST COMPLY WITH YOUR CAFO PERMIT AND YOUR ODA-APPROVED NMP/AWMP.</p> <p>THANK YOU FOR YOUR CONTINUED EFFORTS TO STAY IN COMPLIANCE WITH YOUR CAFO PERMIT.</p>			

ESTIMATION OF NITROGEN AND PHOSPHORUS FOUND IN ANIMAL MANURE OR LITTER

	TOTAL NITROGEN		TOTAL P205
BEEF 1			
DRY LOT (LB/TON OF MANURE)	14		9
POULTRY 1			
LAYER (LIQUID)	57 (LB/1,000 GALLONS)	1,548 (LB/ACRE/INCH)	51
LAYER (SOLID) (LB/TON OF MANURE)	37		55
BROILER (LB/TON OF MANURE)	75		27
SWINE 1			
LIQUID	39 (LB/1,000 GALLONS)	1,059 (LB/ACRE-INCH)	34
SOLID (LB/TON OF MANURE)	17		20
DAIRY 2			
DRY STACK (LB/TON OF MANURE)	10		10
SEPARATED SOLIDS (LB/TON OF MANURE)	5		2
RECEPTION TANK	20 (LB/1,000 GALLONS)	543 (LB/ACRE-INCH)	7
STORAGE POND	5 (LB/1,000 GALLONS)	135 (LB/ACRE-INCH)	30
EQUINE 3			
SOLID (LB/TON OF MANURE)	9		6
SHEEP/GOAT 4			
SOLID (LB/TON OF MANURE)	18		9.2

¹ VALUES FOR MANURE ARE BASED ON “DETERMINING CROP AVAILABLE NUTRIENTS FROM MANURE” (G1335).

² VALUES FOR DAIRY MANURE ARE BASED ON “DAIRY MANURE AS A FERTILIZER SOURCE” (EM8586).

^{3,4} VALUES FOR MANURE ARE BASED ON “FERTILIZING WITH MANURE” (PNW 0533).

LIQUID MANURE APPLICATION CHART
TOTAL NITROGEN (POUNDS OF N PER ACRE-INCH)

LBS OF N/1000 GALLONS	APPLICATION RATE (ACRE-INCH)							
	0.25	0.5	0.75	1	1.25	1.5	1.75	2
1	7	14	20	27	34	41	48	54
2	14	27	41	54	68	81	95	109
3	20	41	61	81	102	122	143	163
4	27	54	81	109	136	163	190	217
5	34	68	102	136	170	204	238	272
6	41	81	122	163	204	244	285	326
7	48	95	143	190	238	285	333	380
8	54	109	163	217	272	326	380	434
9	61	122	183	244	305	367	428	489
10	68	136	204	272	339	407	475	543
11	75	149	224	299	373	448	523	597
12	81	163	244	326	407	489	570	652
13	88	176	265	353	441	529	618	706
14	95	190	285	380	475	570	665	760
15	102	204	305	407	509	611	713	815
16	109	217	326	434	543	652	760	869
17	115	231	346	462	577	692	808	923
18	122	244	367	489	611	733	855	977
19	129	258	387	516	645	774	903	1032

CONVERSION FACTORS FOR MANURE*

1 TON = 2,000 POUNDS

1 CUBIC FOOT = 7.5 GALLONS

1 GALLON = 8.3 POUNDS

1 YARD = 27 CUBIC FEET

1 CUBIC FOOT = 55 POUNDS (DRY) TO 62 POUNDS (WET)**

****MANURE DENSITY (WEIGHT PER CUBIC FOOT) VARIES WITH MOISTURE CONTENT, PRIMARILY DEPENDING ON AMOUNT OF BEDDING/SOLIDS.**

FOR A QUICK SOLID MANURE ESTIMATE, WEIGH A FIVE-GALLON PAIL OF MANURE. SUBTRACT THE WEIGHT OF THE BUCKET, USUALLY 2 POUNDS, TO GET THE ACTUAL WEIGHT OF THE MANURE. MULTIPLY THE WEIGHT OF THE MANURE BY 40 TO GET POUNDS PER CUBIC YARD.

*** DUE TO THE VARIABILITY OF MANURE, USING THE ABOVE CONVERSION FACTORS WILL ONLY PROVIDE AN ESTIMATE. ACTUAL MANURE TEST VALUES WILL PROVIDE MORE ACCURATE INFORMATION.**

NOTES:

SUMMARY OF REQUIRED INSPECTIONS TO BE DONE BY THE OPERATOR:

ITEMS	FREQUENCY
STORM WATER DIVERSION DEVICES, RUN-OFF DIVERSION STRUCTURES, MANURE, LITTER OR PROCESS WASTE WATER STORAGE STRUCTURES AND DEVICES CHANNELING CONTAMINATED STORM WATER TO WASTE WATER AND MANURE STORAGE AND CONTAINMENT STRUCTURES.	PERIODICALLY
WATER LINES, INCLUDING DRINKING WATER OR COOLING WATER LINES.	PERIODICALLY
EQUIPMENT USED FOR LAND APPLICATION OF MANURE, LITTER OR PROCESS WASTE WATER.	PERIODICALLY WHEN EQUIPMENT IS IN USE
LIQUID IMPOUNDMENTS FOR MANURE AND PROCESS WASTE WATER.	PERIODICALLY

SUMMARY OF RECORDKEEPING REQUIREMENTS:

DATE, AMOUNT, AND NUTRIENT LOADING OF MANURE, LITTER OR PROCESS WASTE WATER APPLIED TO EACH FIELD.

TOTAL NITROGEN AND PHOSPHORUS ACTUALLY APPLIED TO EACH FIELD.

METHOD OF MANURE APPLICATION.

TOTAL AMOUNT OF MANURE, LITTER OR WASTE WATER TRANSFERRED OR EXPORTED TO OTHER PERSONS.

VISIT [HTTP://WWW.OREGON.GOV/ODA/PROGRAMS/NATURALRESOURCES/PAGES/CAFO.ASPX](http://www.oregon.gov/oda/programs/naturalresources/pages/cafo.aspx)

FOR MORE CAFO PROGRAM RESOURCES INCLUDING:

MANURE SPREADING ADVISORY - A TOOL TO ASSIST OPERATORS WITH MANURE APPLICATION DECISIONS BASED UPON PROJECTED WEATHER DATA. VISIT THE CAFO WEBSITE TO SEE THE PROJECTED WEATHER CONDITIONS FOR YOUR AREA.

CAFO GENERAL NPDES PERMIT

CAFO GENERAL WPCF PERMIT

CAFO PROGRAM ANNUAL REPORT

2024 CAFO RECORDKEEPING CALENDAR

IF YOU HAVE ANY QUESTIONS ABOUT THE CAFO PROGRAM, PLEASE CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM MANAGER, WYM MATTHEWS, AT WYM.MATTHEWS@ODA.OREGON.GOV OR (503) 986-4792.

AREA	LIVESTOCK WATER QUALITY SPECIALIST	PHONE NUMBER	EMAIL
1	ARMANDO MACIAS	(503) 842-6278	ARMANDO.MACIAS@ODA.OREGON.GOV
2	CHARLENE OLSON	(503) 986-4780	CHARLENE.OLSON@ODA.OREGON.GOV
3	BEN KRAHN	(503) 986-6468	BEN.KRAHN@ODA.OREGON.GOV
4	CHRIS ANDERSON	(541) 660-9611	CHRIS.ANDERSON@ODA.OREGON.GOV
5/H	KATIE KEARNEY	(971) 707-8386	KATIE.KEARNEY@ODA.OREGON.GOV
6	HILARY COLLINSWORTH	(541) 881-6020	HILARY.COLLINSWORTH@ODA.OREGON.GOV

THIS CALENDAR IS TO HELP DOCUMENT INFORMATION REQUIRED BY THE CAFO PERMIT. IT IS NOT A REPLACEMENT FOR THE CAFO PERMIT.