

CAFO  
RECORDKEEPING  
CALENDAR

2025

SMALL AND MEDIUM CAFOs

NAME OF OPERATION \_\_\_\_\_





# FEBRUARY 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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>ALL MANURE APPLICATIONS MUST COMPLY WITH YOUR CAFO PERMIT AND YOUR ODA-APPROVED NMP. MANURE APPLICATIONS TO SATURATED SOIL ARE PROHIBITED AND APPLICATION TO FROZEN SOIL CAN ONLY BE DONE IF ALLOWED IN YOUR ODA-APPROVED NMP.</p> <p>REVIEW YOUR ODA-APPROVED NMP TO DETERMINE APPROPRIATE MANURE APPLICATION AREAS, RATES AND BUFFER WIDTHS FOR THE TIME OF YEAR YOU ARE MAKING APPLICATIONS.</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 _____	<p>2024 ANNUAL REPORT FORMS ARE DUE IN MARCH.</p>

# MARCH 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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>2024 ANNUAL REPORT FORMS ARE DUE THIS MONTH.</p> <p>IF YOU WERE REGISTERED TO THE NPDES PERMIT FOR ANY PART OF 2024 YOU NEED TO COMPLETE AN ANNUAL REPORT FORM AND SUBMIT THE ORIGINAL SIGNED COPY TO THE SALEM OFFICE BY MARCH 17, 2025.</p> <p>IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR LIVESTOCK QUALITY SPECIALIST OR THE CAFO PROGRAM AT (503) 986-4699.</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>







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>ACTIVITIES WITHIN THE CAFO PROGRAM REQUIRE PUBLIC NOTICE AND PARTICIPATION OPPORTUNITIES. YOU CAN SIGN UP TO BE NOTIFIED BY EMAIL WHEN A CAFO PUBLIC NOTICE IS ISSUED.</p> <p>GO TO THE ODA CAFO PAGE AT:  <a href="https://oda.direct/cafo">HTTPS://ODA.DIRECT/CAFO</a>  AND CLICK ON THE SIGN-UP LINK.</p>			

# MAY 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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;"><b>REMINDER</b></p> <p>THE FOLLOWING RECORDS ARE TO BE MAINTAINED ON-SITE AND READILY AVAILABLE UPON REQUEST:</p> <p>NMP, 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 _____



# JUNE 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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><b><u>REMINDER</u></b></p> <p>MANAGE LIQUID MANURE STORAGE FACILITIES TO ENSURE THESE FACILITIES ARE OPERATING AT DESIGN CAPACITY. WOODY VEGETATION OR AN ACCUMULATION OF CRUST ON TOP OF, OR SOLIDS ACCUMULATED IN THE BOTTOM OF THE LIQUID MANURE STORAGE FACILITY ARE POTENTIAL PERMIT VIOLATIONS. TRACK FRESH WATER/IRRIGATION ADDITIONS MADE TO THE MANURE SYSTEM.</p>				

# JULY 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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>CONTROL UNDESIRABLE VEGETATION ON LAGOONS BY SPRAYING OR MOWING LAGOON BERMS. GRAZING IS ALSO AN ACCEPTABLE METHOD ON SOME OPERATIONS. REFER TO YOUR NMP.</p> <p>BEFORE ADDITIONAL LAND APPLICATION AREAS ARE ADDED, PLEASE INFORM YOUR CAFO INSPECTOR TO ENSURE YOUR NMP IS UP TO DATE.</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 _____	<p>ALL MANURE APPLICATION EQUIPMENT MUST BE CALIBRATED.</p> <p>CONSULT YOUR NMP FOR MORE INFORMATION ABOUT CALIBRATING EQUIPMENT.</p>	

# AUGUST 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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>PLEASE MAKE SURE YOU HAVE PAID YOUR CAFO ANNUAL (RENEWAL) FEE THAT WAS DUE ON JUNE 30<sup>TH</sup>. LATE FEES WILL BE ASSESSED AT THE BEGINNING OF SEPTEMBER. THE ONLINE RENEWAL PORTAL CLOSES AT THE END OF SEPTEMBER. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR CAFO INSPECTOR OR THE CAFO PROGRAM AT (503) 986-4699.</p>					1 LOCATION _____	2 LOCATION _____
					TYPE _____	TYPE _____
					METHOD _____	METHOD _____
					VOLUME _____	VOLUME _____
					TOTAL N _____	TOTAL N _____
					TOTAL P _____	TOTAL P _____
					EXPORTED VOLUME _____	EXPORTED VOLUME _____
3 LOCATION _____	4 LOCATION _____	5 LOCATION _____	6 LOCATION _____	7 LOCATION _____	8 LOCATION _____	9 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 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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	
<b>REMINDER</b> WINTER WEATHER IS ONLY A FEW MONTHS AWAY. MAKE SURE YOUR STORAGE STRUCTURES ARE ON TRACK TO BE READY/EMPTIED IN TIME.	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><b><u>REMINDER</u></b></p> <p>SOIL SAMPLES FOR THE FARM MUST BE COMPLETED ONCE EVERY 5 YEARS. SEE PERMIT FOR SAMPLE FREQUENCY AND TIMING DEPENDING ON CAFO LOCATION AND SIZE.</p>			





# NOVEMBER 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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>REMINDER</u></p> <p style="text-align: center;">THE END OF THE YEAR IS APPROACHING, PLEASE MAKE SURE YOUR 2024 ANNUAL REPORT WAS SUBMITTED AND YOUR 2025/2026 ANNUAL FEE WAS PAID. MAKE SURE YOUR NMP IS CURRENT. IF YOU HAVE QUESTIONS OR CONCERNS PLEASE CONTACT YOUR CAFO INSPECTOR 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 _____



# DECEMBER 2025

IN THE EVENT OF A DISCHARGE, CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR CAFO PROGRAM AT (503) 986-4699 AS SOON AS POSSIBLE AND 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	
EVEN WHEN NOT REQUIRED, MANURE ANALYSIS CAN PROVIDE VALUABLE INFORMATION TO INFORM NUTRIENT MANAGEMENT.	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 _____ 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>THANK YOU FOR YOUR CONTINUED EFFORTS TO STAY IN COMPLIANCE WITH YOUR CAFO PERMIT.</p> <p><b>HAPPY HOLIDAYS!</b></p>			

**ESTIMATION OF NITROGEN AND PHOSPHORUS FOUND IN ANIMAL MANURE OR LITTER**

	TOTAL NITROGEN		TOTAL P205
<b>BEEF 1</b>			
DRY LOT (LB/TON OF MANURE)	14		9
<b>POULTRY 1</b>			
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
<b>SWINE 1</b>			
LIQUID	39 (LB/1,000 GALLONS)	1,059 (LB/ACRE-INCH)	34
SOLID (LB/TON OF MANURE)	17		20
<b>DAIRY 2</b>			
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
<b>EQUINE 3</b>			
SOLID (LB/TON OF MANURE)	9		6
<b>SHEEP/GOAT 4</b>			
SOLID (LB/TON OF MANURE)	18		9.2

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

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

<sup>3,4</sup> 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:**

<b>ITEMS</b>	<b>FREQUENCY</b>
STORM WATER DIVERSION DEVICES, RUN-OFF DIVERSION STRUCTURES, MANURE, LITTER OR PROCESS WASTE WATER STORAGE STRUCTURES, 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 APPLIED TO EACH FIELD.
METHOD OF MANURE APPLICATION.
TOTAL AMOUNT OF MANURE, LITTER OR WASTE WATER TRANSFERRED OR EXPORTED TO OTHER PERSONS.

VISIT [HTTP://ODA.DIRECT/CAFO](http://oda.direct/cafo) 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

2025 CAFO RECORDKEEPING CALENDAR

IF YOU HAVE ANY QUESTIONS ABOUT THE CAFO PROGRAM, PLEASE CONTACT YOUR LOCAL LIVESTOCK WATER QUALITY SPECIALIST OR THE CAFO PROGRAM, AT (503) 986-4699.

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.