



Received 4/21/09
/CBA

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

Section I. Contact information

A. Operator Currently permitted New registration

Name: Hugh Reece (Huck)

Address: 6155 Lower River Rd

City, State, ZIP code: Grants Pass, OR 97526

Phone number(s): ~~951~~ 909-240-8308

Fax number: N/A

E-mail address: HRMHolly@AOL.COM

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

B. Owner (if different from operator) Currently permitted New registration

Name: _____

Address: _____

City, State, ZIP code: _____

Phone number(s): _____

Fax number: _____

E-mail address: _____

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

Does an entity or persons, other than the owner 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 _____

Instructions for filling out this ATR are found on pages 7-9.

Section II. Facility information

A. Facility

Name: Rogue River Goat Dairy

Street address: 6155 Lower River Rd.
(Not P.O. Box)

City, State, ZIP code: Grants Pass, OR 97526

County: _____

Phone number(s): 909-240-8308

Fax number: N/A

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)

: _____

- Closest water body or receiving stream:

Rogue 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)		
Swine (55 lbs. or over)		
Swine (under 55 lbs.)		
Horses		
Sheep or lamb		
Turkeys		
Chickens (broilers)		
Chickens (layers)		
Ducks		
Other: Specify <u>Goats</u>	<u>0</u>	<u>256</u>
Total animals		

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?

0 tons 156^K est. gallons _____ cubic feet per year

b) How many acres of land will be used for applying manure, litter, and/or wastewater? 9⁰ acres

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

0 tons 156^K est. gallons _____ cubic feet per year

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		
Other: Specify <u>Trailer</u>	<u>2</u>	<u>10,590 lb's</u>

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: 4 / 12 / 2009
Month Year

e) If not land applying manure, litter, and/or wastewater, how else will they be used?
export To Local Farmers + Gardner's

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.

Hugh B. Reece Huck B. REECE 4-9-09
Signature (operator or owner) Print Name Date

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.

Hugh B. Reece Hugh B. REECE 4-9-09
Signature (operator or owner) Print Name Date

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.

No fees are necessary when submitting this ATR. 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. 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.

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