

Confined Animal Feeding Operations (CAFO) Program Water Quality Complaint Form

Case file number: _____

Master address number: _____

Complaint taken by: _____

Date reported: _____

Time reported: _____

County: _____

Oregon Revised Statute (ORS) 468B.217 describes the Oregon Department of Agriculture's authority for receiving and investigating CAFO complaints. While you are not required to use this form to submit a complaint, the information identified in this form is necessary to conduct an investigation. The information may be sent to the Oregon Department of Agriculture, Natural Resources Division, 635 Capitol St. NE, Salem, OR 97301. Fax: 503 986-4730

Climatic conditions: _____

Watershed Sub-Basin: _____

Operator name: _____ Phone #: _____

Business name: _____

Address: _____

City: _____ Zip: _____

Type of Producer:

Dairy Calf Swine Poultry Mink Feedlot Cattle Holding Area Horse Dog

Compost Other: _____

Number of animals: _____

Number of animal units: _____

Impacted stream segment: _____

Complaint specifics: _____

Directions to farm: _____

Complainant information:

Complaint number: _____

Reported by: _____

Address: _____

City: _____ Zip: _____

Work phone: _____ Home phone: _____

Confidential? No

Yes

If yes, will complainant send written request? No

Yes

Date received: _____