

CASSIA COUNTY ANNUAL CAFO REPORT

REPORTING PERIOD **2024**

REPORT DUE BY: **JUNE 1, 2025**

I. General Information

PERMIT NUMBER:	OWNER PHONE NUMBER:	OWNER EMAIL:
FACILITY NAME:		FACILITY MANAGER EMAIL ADDRESS:
MAILING ADDRESS: Please correct if mailing address has changed		FACILITY MANAGER PHONE:
FACILITY SITE ADDRESS: (as noted on the Permit)		

II. Type and Number of Animals

For this section please indicate the maximum number of animals (head) in confinement during this reporting year, **NOT** the maximum number of animal units on your CAFO/LCO, Grandfathered permit.

ANIMAL TYPE:	NUMBER OF ANIMALS IN CONFINEMENT:

III. Waste Management Acreage

PLEASE ATTACH a detailed description of any property contracted or used for Waste Management that includes the following: (1) an exact legal description, (2) number of acres utilized and (3) description of the primary use of the property.

Exact Legal Description / Parcel Number (RP)	Number of Acres Utilized for CAFO Permit	Description of Primary Use of Property

IV. Waste Management Acreage

No longer utilized by operation.

PLEASE ATTACH a detailed description of any property no longer contracted or used for waste management that includes the following: (1) an exact legal description, (2) the number of acres no longer utilized, and (3) description of the primary use of the property.

Exact Legal Description / Parcel Number (RP)	Number of Acres No Longer Used by CAFO Permit	Description of Primary Use of Property

Mail signed form w/attachments if any to: Zoning Department, 1459 Overland Ave., Rm 210, Burley, ID 83318 or Email to: shaynes@cassia.gov
I certify that the information provided is true and correct to the best of my knowledge:

Authorized Signature: _____

Printed Name: _____ Date: _____