



CONFINED ANIMAL FEEDING OPERATION (CAFO) REGISTRATION FORM

GEM COUNTY DEVELOPMENT SERVICES
109 South McKinley Ave., Emmett, Idaho 83617
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www.co.gem.id.us

Per Gem County Ordinance #2010-01 (Chapter 3, Section A), any CAFO (as defined in Chapter 2), existing as of the effective date of the CAFO Ordinance, June 9, 2010, which has not previously received a Special Use Permit (SUP) from the County, shall have one (1) year after the effective date of the ordinance to register with the Administrator. Any CAFO existing as of June 9, 2010 which has not registered and has not previously received a SUP will not be recognized as a CAFO by Gem County and will have no right which could be transferred to subsequent owners.

Submittal Requirements for an Existing CAFO Registration:

REGISTRATION FEE: \$35.00

PROPERTY OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

OPERATOR:

Name: _____

Business/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

SITE INFORMATION: (This information can be found on the Assessor's property information assessment sheet.)

Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____

Site Address/ Location of CAFO: _____

Tax Parcel Number(s): _____ Current Zoning: _____

Approximate Number of Animals on Site (as of June 9, 2010): _____

Type of CAFO (e.g. beef, dairy, poultry): _____

Maximum Number of Animals Approved in the Nutrient Management Plan (if applicable): _____

ADDITIONAL INFORMATION:

- Have you (or a prior operator) ever received a Special Use Permit (SUP) from Gem County to operate the CAFO? ___Yes ___No
 - **If "Yes", please submit a copy of the SUP approval letter (or similar documentation). There is no need to complete the remainder of this application.**
 - **If "No", please complete the remainder of the application.**

- Has a CAFO (as defined by Gem County Ordinance No. 2010-01, Chapter 2) been active on the subject property at some time since June 9, 2005? ___Yes ___No
 - **If "Yes", please attach appropriate documentation as evidence. (This evidence can include dated letters from state or federal agencies that reference the CAFO, Nutrient Management Plan, or other acceptable, dated documentation that clearly demonstrates the CAFO has been active.)**
 - **If "No", there is no need to complete this registration form. You must apply for a new CAFO permit.**

- Is your CAFO under the jurisdiction of the Idaho Department of Agriculture? ___Yes ___No
 - **If "Yes", please submit a letter of compliance from ISDA stating your operation conforms with ISDA regulations (including compliance with the current Nutrient Management Plan).**

Reminder:

You have until June 9, 2011 to register any existing CAFO (that has not previously received a Special Use Permit) or else the CAFO will not be recognized and will have no right which could be transferred to subsequent owners.

The Administrator reserves the right to not officially accept this registration until total review is accomplished and all required information is submitted.

Owner's Signature _____ Date: _____

Operator's Signature _____ Date: _____

****FOR OFFICE USE ONLY****

APPLICATION COMPLETION DATE: _____