Mail signed form w/attachments if any to: Zoning Department, 1459 Overland Ave., Rm 210, Burley, ID 83318 Email to: pzoning@cassia.gov

CASSIA COUNTY ANNUAL CAFO REPORT		
REPORTING PERIOD 2023		REPORT DUE BY: <u>JUNE 1, 2023</u>
I. General Information		
PERMIT NUMBER:	OWNER PHONE NUMBER:	OWNER EMAIL:
FACILITY NAME.		FACILITY MANAGED FINAL ADDRESS
FACILITY NAME:		FACILITY MANAGER EMAIL ADDRESS:
MAILING ADDRESS:		FACILITY MANAGER PHONE:
FACILITY SITE ADDRESS:		
II. Type and Number of Animals	For this section please indicate the max during this reporting year, NOT the max permit.	imum number of animals (head) in confinement imum number of animal units on your CAFO/LCO
ANIMAL TYPE:	NUMBER OF ANIMALS IN CONFINEMENT:	
	PLEASE ATTACH a detailed description of	f any property contracted or used for Wase
III. Waste Management Acreage	Management that includes the following: (	1) an exact legal description, (2) number of acres use of the propertyAttach Separate Sheet(s) if necessary.
Exact Legal Description / Parcel Number (RP)		Description of Primary Use of Property
	DI FACE ATTACH A data'llad description	f
IV. Waste Management Acreage no longer utilized by operation.	waste management that includes the follo of acres no longer utilized, and (3) descripAttach Separate Sheet(s) if necessary.	f any property no longer contracted or used for wing: (1) an exact legal description, (2) the number ation 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
I certify that the information provided is true and correct to the best of my knowledge:		
Authorized Signature:		
rinted Name: Date:		