OREGON DEPARTMENT OF AGRICULTURE AGRICULTURAL WATER QUALITY PROGRAM COMPLAINT FORM



Date Filed:	and dated by the complain ground water being impact under conditions violating able to investigate if the fo Oregon Department of Ag Program, 635 Capitol St N	aate or investigate a complaint if: it is in writing, is signed ant, indicates the location and description of the surface or ted, and identifies the property allegedly being managed water quality regulations. The Department may not be orm is not complete. Send the completed form to the riculture, Natural Resources Division, Water Quality E, Salem, OR 97301. Fax (503) 986-4730. You may also
COMPLAINANT INFORMATION (Individual Filing Complaint)	Oregon Administrative Ru	<u>ce-manager@oda.state.or.us</u> . les 603-095-0000 to 3960 describe the Oregon 's procedures for receiving and investigating complaints.
Signature:		
• Name: (print)		
• Address:		
• Phone: (Home)	(Cell)	(Work)
• Email:		
PLEASE PROVIDE INFORMATION	N ABOUT THE PROPERTY	WHERE THE VIOLATION IS HAPPENING:
• Name of landowner:		
• Phone:		
(address, tax lot, GPS coordinates,		
• Waterbodies allegedly being da	maged or impacted:	
NATURE OF COMPLAINT: (check	those that apply)	
□ Soil erosion □ Animal	waste management	Nutrient management
Damage to near-stream areas	□ Other (describe in	the space below)
OBSERVATIONS AND EVIDENCE	THAT THERE IS <u>WATER</u>	POLLUTION FROM AN AGRICULTURAL ACTIVITY