



Proposed/Temporary Administrative Rules Form

Section 1 (To be Completed by Agency)

Agency Name: Idaho State Department of Agriculture		STARS Agency Code: 210	Fax Number: 208-334-4062	Date: April 25, 2014
Contact Person: John Bilderback	Title: Bureau Chief, Dairy, Beef, & Poultry Sanitation and Environmental Programs	Phone: 208-332-8541	Email: john.bilderback@agri.idaho.gov	
Person Authorizing Rule: Brian Oakey	Title: Deputy Director	Phone: 208-332-8500	Email: brian.oakey@agri.idaho.gov	
Statutory Authority for the rule making (Idaho Code, Federal Statute or Regulation): Idaho Code § 37-603 (effective July 1, 2014)				
Title, Chapter, and Possible Docket (IDAPA) Number: IDAPA 02.04.14 Rules Governing Dairy Waste				
This rule is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Temporary			Effective Date:	
<p>If this is a temporary rule:</p> <p><input type="checkbox"/> Necessary to protect the public health, safety, or welfare; or</p> <p><input type="checkbox"/> Compliance with deadlines in amendments to governing law or federal programs; or</p> <p><input type="checkbox"/> Conferring a benefit.</p> <p>Please explain:</p>				
If this is a temporary rule which imposes a fee or charge, provide justification as described in Idaho Code 67-5226(2):				
Agency has determined according to Idaho Code 67-5220(1):				
<input type="checkbox"/> This rule is to be negotiated <input checked="" type="checkbox"/> Negotiation of this rule is not feasible				
If rule is negotiated:				
Agency certifies that the rule <input type="checkbox"/> has been or <input type="checkbox"/> will be negotiated with interested persons as outlined in Idaho Code 67-5220(3). <i>(indicate which)</i>				
If rule negotiation is not feasible, the agency has determined:				
<input type="checkbox"/> Rule is temporary; or <input type="checkbox"/> Lack of identifiable representatives of affected interests; or <input type="checkbox"/> Rule is simple in nature; or <input type="checkbox"/> Affected interests are not likely to reach consensus; or <input checked="" type="checkbox"/> Other.				
Please explain:				
The proposed rule is being revised to reflect and be consistent with the statute change (Senate Bill No. 1376).				
Provide a fiscal impact statement for all programs affected. Be sure to reflect both positive and negative impacts and to include all fund sources including both the General Fund and dedicated funds: ISDA does not anticipate any fiscal impact from the changes to be made to the rule during this rulemaking.				

Provide a short explanation of the need for this rule:
The rule needs to be revised to reflect and be consistent with the statute change (Senate Bill No. 1376) which was passed during the 2014 Legislature and signed by Governor C. L. "Butch" Otter on March 26, 2014.

Provide a short summary of the changes this rule makes:
IDAPA 02.04.14.060.01 – The rule will be updated to incorporate the statute change, specifically sections 37-604 (adding and subtracting definitions) and revising the rule to incorporate 37-608 (unauthorized discharges - - compliance schedules - - penalties).

Provide a list of those persons or interest group(s) affected by this rule:
Dairy producers in the state of Idaho.

Section 2 (To be Completed by DFM)

DFM Analyst Comments:
This rule changes will be to update the definitions to be consistent with the current code which was modified in the 2014 session. Also updated by rule will be the noncompliance for dairy waste systems for correction actions and compliance schedules.

DFM Analyst Fiscal Impact Review:

DFM Analyst Signature & Date: Anita Hamann, May 12, 2014	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Gov Special Assistant Signature & Date: Cally Younger, May 15, 2014	Recommend: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Action:
 Approved
 Authorized to Advance Rulemaking Process, DFM to review draft rule prior to publication (See Section 3)
 Not Approved

DFM Administrator Signature & Date:
 5/15/2014

Section 3 (To Be Completed By DFM if Required)

DFM Analyst Signature & Date:	Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DFM Administrator Signature & Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PARF No. 2014-210-17