

B.

C.

D.

NON-LAGOON LIVESTOCK WASTE HANDLING FACILITY

CERTIFICATION OF SITE INVESTIGATION

A. General Location Information:

County Name	Township #	Range #	Prin. Meridian
Section #	1/4 Section	1/4-1/4 Section	
Facility Information:			
Name:			
Mailing Address:			
Phone Number:			
Facility ID #:			
<u>Owner or Operator I</u>	nformation:		
Name:			
Company:			
Mailing Address:			
Phone Number:			
Site Investigation Res	<u>ults</u> :		
The site investigation	on has resulted in a finding that: (Pl	lease answer YES or NO to ea	ach question)
Aquifer Ma facility.	aterial is present within 5 feet of th	e planned bottom of the livest	ock waste handling
The proposition The proposition <i>prohibited</i>	sed facility is located in the floodw	ay of a 100 year floodplain. (A	If yes, construction is
The propos	sed facility is located in the flood fi	ringe of a 100 year floodplain.	
The propos	sed facility is located in a karst area	a.	
	sed facility is located within 400' of on is prohibited)	f a natural depression in a kars	st area. (If yes,

E. <u>Supporting Justification and Verification Documents</u>:

Pursuant to 8 Ill. Adm. Code 900.503(c) or 8 Ill. Adm. Code 900.504(b)(8), supporting justification and

data from a Licensed Professional Engineer, Licensed Professional Geologist or a representative of the Natural Resources Conservation Service of the United States Department of Agriculture designated to perform such functions relative to the site investigation results is required as part of this certification.

F. <u>Certification Statement</u>:

"I hereby certify that the information provided on this form is correct and that the site investigation which produced this information was performed in accordance with all applicable requirements of 8 Ill. Adm. Code 900.503(a) or 8 Ill. Adm. Code 504(b)(7)."

Signature of the Owner or Operator