



LIVESTOCK WASTE LAGOON CERTIFICATION OF CONSTRUCTION OR MODIFICATION

A. General Lagoon Location Information:

County Name _____ Township # _____ Range # _____ Prin. Meridian _____
Section # _____ 1/4 Section _____ 1/4-1/4 Section _____

B. Facility Information:

Name: _____
Mailing Address: _____

Phone Number: _____
Facility ID #: _____

C. Owner or Operator Information:

Name: _____
Company: _____
Mailing Address: _____

Phone Number: _____

D. Certification Statement:

“I hereby certify that the information provided on this form is correct and that the lagoon has been constructed in accordance with the standards as required by the Livestock Management Facilities Act (510 ILCS 77/1 et seq.). Furthermore, I certify that the information included on the originally submitted registration form, any subsequently submitted amendments, and any information attached to this form is correct.”

Signature of the Owner or Operator