



# CONFINED FEEDING OPERATION CLOSURE CERTIFICATION

State Form 55054 (R / 11-14)

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue  
MC 65-45, IGCN 1101  
Indianapolis, Indiana 46204  
(800) 451-6027 extension 2-4473

**INSTRUCTIONS:** As required by 327 IAC 19-15-2(b), complete, sign, date, and return this notification form to the address listed above no later than thirty (30) days after permanent closure of either a portion of or an entire waste storage structure. Please include an updated Farmstead Plan and Facility Detail Sheet.

I. GENERAL INFORMATION			
Farm ID Number (Log Number):	(or)	Approval Number:	AW-
Date of Last Approval (month, day, year):		County of Operation:	
Owner Name (Name to which the Approval was issued):			
Name of Operation (if applicable):			
Mailing Address of Owner:			
Telephone Number (with area code):		Email Address:	
Location of Operation (nearest crossroads or mailing address):			
If any of the above information is unknown, contact IDEM at 317/232-4473.			
II. CLOSURE INFORMATION			
Future Intended Use of Closed Storage Structure: _____			
New Combined Storage Capacity at Facility (after closure): _____ days			
III. CERTIFICATION STATEMENT			
I, _____, certify to the following:			
1. I live in _____ County, Indiana, and age, I am competent to give this certification.			
2. I hold the position of _____ for _____ (facility's name), and by virtue of my position with _____ (facility's name), I am authorized to make the representation contained in this certification on behalf of the confinement operation.			
3. I have personal knowledge of the closure of the waste storage structure that is the subject of this certification.			
4. I have removed all manure from the closed waste storage structure.			
5. I have land applied all manure in accordance with 327 IAC 19-14 or have managed it accordance with state and federal laws.			
6. If applicable, I have removed all associated appurtenances and conveyance structures from uncovered liquid manure structures.			
7. I know and understand the requirements for closure of a waste storage structure as imposed by 327 IAC 19-15-2(a), and as required by 327 IAC 19-15-2(b), I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE WASTE STORAGE STRUCTURE WAS CLOSED IN ACCORDANCE WITH 327 IAC 19-15-2(a).			
IV. SIGNATURE			
_____		_____	
Date (month, day, year)		Signature	
		_____	
		Printed Name	

