



## **SATELLITE MANURE STORAGE STRUCTURE (SMSS) PERMIT APPLICATION PACKET**

State Form 56423 (11-17)  
Satellite Manure Storage Structure (SMSS)

**INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT**  
Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue, Rm 1101  
Indianapolis, Indiana 46204  
(800) 451-6027

**INSTRUCTIONS:** *Use this application packet to submit a Satellite Manure Storage Structures (SMSS) application under 327 IAC 20 and IC 13-18-10.5 to the Indiana Department of Environmental Management (IDEM):*

1. *SMSS Permit – New Permit, Permit Modification, and Renewals under 327 IAC 20 and IC 13-18-10.5*

*The application packet contains the following checklist, worksheet, and forms:*

1. *General Information*
2. *Notification Format for Agency Correspondence*
3. *SMSS New Construction Permit Application Checklist*
4. *Plot Maps and Site Plan Checklist*
5. *Construction*
6. *Notification Requirements*

*The checklist, worksheet, and forms are required and supersede all previous versions. IDEM will not accept substitutes, altered or previously supplied forms.*

*You must submit three (3) complete copies of all applications which include construction or a modification of your permit, one (1) of which may be electronic in a PDF file format.*

*This permit application packet is based on the requirements in 327 IAC 20 and IC 13-18-10.5. You can view the Indiana Code (IC) and Indiana Administrative Code (IAC) references in this application at [iga.IN.gov](http://iga.IN.gov). IC references are under the “Laws” link. IAC references are under the “Publications” link.*

*If you have questions regarding the permitting process, please contact IDEM, Confined Feeding Permits Section, at the telephone number listed above.*

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## General Information

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### A. APPLICATION TYPE *(Complete this Section for all application types.)*

Using the list below, select the application type which you are submitting.

#### SMSS – Construction and/or Operation (Including Renewals) Permitted Under 327 IAC 20

SMSS Permit Type     New SMSS     Modification     Renewal

### B. GENERAL APPLICATION INFORMATION

#### 1. OPERATION INFORMATION

SMSS Name:		SMSS Identification Number:	
SMSS Address (number and street):			
SMSS City:		SMSS ZIP Code:	
SMSS Telephone:			
SMSS County:			
Nearest Crossroads to SMSS:			

#### 2. APPLICANT *(Person or entity the SMSS Permit is issued to)*

**The Applicant is the Owner or Operator that applies for or has received a SMSS Permit under 327 IAC 20, including renewals and permit modifications. An Applicant may be an individual, a partnership, a co-partnership, a firm, a company or any other entity listed under IC 13-11-2-158(b). There may be more than one entity that constitutes an Owner or Operator. Each entity that meets the definition of Owner or Operator for the SMSS must submit the requested information below.**

Name:*			
Mailing Address (number and street):			
City:			
State:		ZIP Code:	
Telephone (Home):			
Telephone (Business):			
Telephone (Cell):			
Facsimile:		E-mail Address:	

**\*A limited liability company (LLC) or corporation (Inc. or Corp.) must be registered and active with the Indiana Secretary of State.**

#### 3. AFFIRMATION STATEMENT REQUIRED UNDER 327 IAC 20-4-1(b)(10)

**I affirm that the SMSS shall not be used to store manure from a Confined Feeding Operation (CFO) that is under ownership or control of the applicant.**

327 IAC 20-1-1(c) states: "If the owner or operator of a regulated Concentrated Animal Feeding Operation (CAFO) or CFO deposits any manure from the owner or operator's CAFO or CFO into a storage structure also under the control of the owner or operator, the structure shall not be considered a SMSS. This action shall constitute an expansion of the owner or operator's CAFO or CFO operation." **If you own or control a CFO that will supply manure for this structure stop now; you must submit a CFO/CAFO expansion application for your CFO using State Form 55051.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (month, day, year)

**4. PROPERTY OWNER (At the Time of Application Submittal)**

<input type="checkbox"/> Same as Applicant Listed Above			
Name:			
Mailing Address (number and street):			
City:			
State:		ZIP Code:	
Telephone (Home):			
Telephone (Business):			
Telephone (Cell):			
Facsimile:		E-mail Address:	

**5. SMSS MANAGER, OPERATOR, AND/OR LESSEE (If Different than Applicant or manager and/or authorized agent for Entity)**

<input type="checkbox"/> Same as Applicant Listed Above OR Person listed below is: <input type="checkbox"/> Manager <input type="checkbox"/> Operator <input type="checkbox"/> Lessee			
Name:			
Mailing Address (number and street):			
City:			
State:		ZIP Code:	
Telephone (Home):			
Telephone (Business):			
Telephone (Cell):			
Facsimile:		E-mail Address:	

**C. SIGNATURES**

*I have reviewed all components and information contained within the accompanying forms and application materials. To the best of my knowledge and belief, such information is true, complete, and accurate. I am aware of the penalties for submitting false information under IC 13-30-10-1.5.*

**The agency decision based on the accompanying forms and application materials will be issued in the name of the person or entity listed as the applicant(s).**

**THIS SECTION MUST BE SIGNED.**

*I warrant that I have the authority to sign this Application on my own behalf, and on behalf of any entity for which I am signing in a representative capacity.*

\_\_\_\_\_  
Name and Title of Operation Owner or Authorized Agent\* – **Type or Print**

_____ Signature of Applicant or Authorized Agent	_____ Date Signed (month, day, year)
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_____ Signature of Property Owner If Different than Operation Owner **	_____ Date Signed (month, day, year)
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\* A signature by an Authorized Agent will require Power of Attorney (POA) if not a member of the entity.

\*\* A signed letter from the property owner acknowledging the submittal of an application on their property may substitute for signature.



**SATELLITE MANURE STORAGE STRUCTURE (SMSS)  
PERMIT APPLICATION PACKET**

**Notification Format for Agency Correspondence**

Part of State Form 56423 (11-17)  
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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue, Rm 1101  
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(800) 451-6027

**INSTRUCTIONS:** *The Indiana Department of Environmental Management (IDEM) normally notifies applicants of final decisions by mail. In 2012, Indiana Law changed to allow IDEM to use electronic mail instead of US Postal Service mail. This form allows you to specify whether you want to receive correspondence and notices related to your Satellite Manure Storage Structure application by mail, by e-mail or both. It also allows you to specify if you want correspondence directed to a consultant by e-mail. Please complete the information below to indicate your preference.*

**A. GENERAL INFORMATION (Complete this Section for all application types.)**

SMSS Name \_\_\_\_\_ SMSS Identification Number \_\_\_\_\_

Applicant Name (printed) \_\_\_\_\_

Applicant Consent for Notification Only for This Permit Application (initials and date) \_\_\_\_\_

Applicant Consent for Notification on All Future Applications/Correspondence (initials and date) \_\_\_\_\_

**B. NOTIFICATION FORMAT**

**Applicant should understand that, as a result of consenting to electronic notification, e-mail address(es) listed below will be part of the agency's public record.**

Please indicate your preference for the method of receiving these notifications by initialing and dating the appropriate lines below and then return the completed form to our office with your application.

Initials	Date <i>(month, day, year)</i>	
_____	_____	Please continue sending via US Postal Service mail.
_____	_____	AND/OR
_____	_____	Please send correspondence to the e-mail address as indicated below: <i>I understand that my e-mail address will be part of the public record.</i> E-mail address: _____
_____	_____	Please send copies of correspondence for this application to the following consultant e-mail address(es): <i>I understand that this e-mail address will be part of the public record.</i> Consultant e-mail address(es): _____ _____ _____

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# SATELLITE MANURE STORAGE STRUCTURE (SMSS) PERMIT APPLICATION PACKET

## New SMSS Construction Permit Application Checklist

Part of State Form 56423 (11-17)  
Satellite Manure Storage Structure (SMSS)

INDIANA DEPARTMENT OF  
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- INSTRUCTIONS: 1. The application **must** contain the following information.  
2. Indicate whether each item is provided. Mark the item "N/A" if the item is not applicable to your application.  
Applications deemed significantly incomplete will be returned to the applicant.

REQUIRED INFORMATION <i>(Complete this Section for all application types.)</i>	PROVIDED? <i>(Y, N or N/A)</i>
<b>A. General</b>	
I. Three (3) <u>signed</u> copies for a new or modification permit application packet provided by Indiana Department of Environmental Management (IDEM). One (1) of the copies may be electronic. Only one (1) signed copy required for a renewal application.	
II. Notification Requirement– <i>(Complete Notification Requirements Document Pages 16-19; this notification process must be followed for all new applications, modifications or for renewal of permits not yet under construction.)</i>	
A. County Executive / County Commissioner List – <i>(The county executive and or commissioner(s) of the county in which the SMSS is to be located or modified)</i>	
B. One-Half Mile List – <i>(Each owner and each occupant of land of which any part of the boundary is one-half (1/2) mile or less from the <u>property</u> on which the SMSS is to be located)</i>	
C. Notarized copy of Notification Affidavit – <i>(Complete Notification Affidavit Document Page 23.)</i>	
III. Documentation showing compliance with all state and local zoning laws – <b>zoning issues must be completed prior to application submittal.</b>	
<b>B. Plot Maps <i>(Must be legible.)</i></b>	
I. United States Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) Soil Survey Map	
A. Location of the waste management system (SMSS)	
B. Property boundaries of the waste management system (SMSS)	
II. United States Geological Survey (USGS) Topographical Map	
A. Location of public water supply wells within 1,000 feet of the manure storage structure	
B. Location of public water supply surface intake structures within 1,000 feet of the manure storage structure	
C. Location of the waste management system (SMSS)	
D. Property boundaries of the waste management system (SMSS)	
<b>C. Site Plan <i>(Must be drawn to approximate scale or show specific distances between waste management system (SMSS) and features listed below that are within 500 feet. Plan must be submitted on paper no less than 8 ½ x 11 inches in size. Plan must also contain reference to true north.)</i></b>	
I. Location of existing and proposed waste management systems (SMSS)	
II. Location of any of the following within 500 feet of a waste management system (SMSS) (on-site or off-site)	
A. All existing and proposed structures	
B. Surface waters of the state	
C. Public and private roads	
D. Water well locations	
E. Characteristics of karst terrain as defined in 327 IAC 19-2-24	
F. Property Line Boundary	
G. All outfalls of known subsurface drainage structures, including perimeter drain outfall.	
H. Drainage inlets, including Water and Sediment Control Basins	
I. Any residence	
J. One hundred (100) year floodplains	
III. Any surface water control features, such as berms to divert storm water away from the SMSS	

**REQUIRED INFORMATION (Continued)***(Complete this Section for all application types.)***PROVIDED?****(Y, N or N/A)****D. Previously Unapproved Waste Management System (SMSS) Drawings**

I. Detailed views	
II. Necessary cross sections to define all dimensions	
III. Construction materials	
IV. Elevations of the entire waste management system <i>(applicable only if relying on gravity flow)</i>	

**E. Soil and Water Table Information**

1) Test Holes	
A. Must be conducted by certified soil scientist, professional geologist or professional engineer registered in Indiana	
B. Number of test holes must be sufficient to adequately characterize the seasonal water table and soil.	
1. Concrete storage structures	
a. Test hole must be two (2) feet below base of structure	
2. Earthen storage structures	
a. Test hole must be five (5) feet below base of structure for non-karst area.	
b. Test hole must be to shallower of either bedrock or ten (10) feet below base of structure in karst area.	

**F. Alternative To Rule Requirements: *(if applicable)***

I. Documentation that indicates that the performance standards in 327 IAC 20-5-6 will be met, this should include an alternative to design specifications, construction, or operational requirements that provides equal or greater environmental protection than requirements of this 327 IAC 20. Any alternative must be approved prior to use. <i>(Attach all needed documentation.)</i>	
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**G. Additional Attachments *(if applicable)***

I. Copies of any written waivers related to reduction of setback distances	
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**SATELLITE MANURE STORAGE STRUCTURE (SMSS)  
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**Plot Maps and Site Plan Checklist**

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**INSTRUCTIONS:** *Plot maps must be submitted with applications as directed in the "Application Types and Requirements Worksheet." This form is required and supersedes all previous versions. IDEM will not accept substitutes, altered, or previously supplied forms.*

<b>A. PLOT MAPS (Complete this Section for all application types.)</b>	
Listed below are plot maps required to be submitted with SMSS applications. All land application of manure from a Satellite Manure Storage Structure (SMSS) is regulated under the Office of Indiana State Chemist regulation 355 IAC 8.	
<input type="checkbox"/>	1. USDA NRCS Soil Survey Map – The location and boundaries of the SMSS operation area.
<input type="checkbox"/>	2. USGS Topographic Map – The boundary of the SMSS operation area. Identify any public water supply wells and public water intake structures within one thousand (1000) feet of the SMSS structure.

**INSTRUCTIONS:** *Prepare a Site Plan that meets the requirements noted in the Section A. Site Plan Checklist. Attach the Site Plan to this form. Complete the Facility Detail Information in Section E. using the Section C. checklist and the examples in Section D. Check the boxes next to each item in Sections A. and B. as you verify that the Site Plan and Facility Detail Information sheets are complete.*

<b>B. SITE PLAN CHECKLIST</b>	
The site plan must show all existing and proposed waste management systems (SMSS), and all of the following features within 500 feet of the existing or proposed location of the SMSS (label each feature):	
<input type="checkbox"/>	1. A SMSS site plan must show the following. <ul style="list-style-type: none"> <li>a) All existing and proposed structures</li> <li>b) Surface waters of the state</li> <li>c) Public and private roads</li> <li>d) Water well locations</li> <li>e) Characteristics of karst terrain <i>(A SMSS may not be located in Karst terrain unless it meets the requirements in 327 IAC 20-5-1 (b) and as approved by the Commissioner.)</i></li> <li>f) Property boundary line</li> <li>g) All outfalls of known subsurface drainage structures, including perimeter drain outfalls</li> <li>h) Drainage inlets, including water and sediment control basins showing their outlets, and ponds with outlets</li> <li>i) Any residence</li> <li>j) One hundred (100) year flood plains <i>(A SMSS may not be located within the 100 year flood plain.)</i></li> </ul>
<input type="checkbox"/>	2. Any surface water control features, such as berms, used to divert storm water away from the SMSS
<input type="checkbox"/>	3. The site plan must be legible either: <ul style="list-style-type: none"> <li>a) Drawn to approximate scale; or</li> <li>b) Show distances between the SMSS and show all features that are within five hundred (500) feet of the proposed SMSS.</li> </ul> The site plan must: <ul style="list-style-type: none"> <li>a) Contain reference to true north</li> <li>b) Be submitted on paper not less than eight and one-half (8 ½) inches by eleven (11) inches, but not greater than twenty-four (24) inches by thirty-six (36) inches.</li> </ul>

**C. FACILITY DETAIL INFORMATION CHECKLIST**

Using the instructions below, complete Part E. of this section, “Facility Detail Information” sheet for all waste management structures (SMSS) present or proposed at the site. If the rows of the provided Section E. “Facility Detail Information” sheet are not properly sized for your needs, you may create your own table with the same column headers and required information listed below.

- 1. Label the Site Plan – The SMSS must be uniquely identified on the site plan. Existing structures should be labeled with an “E”. Proposed structure should be labeled with a “P”. After labeling each structure with a “P” or “E”, number the structures. Your structures should be labeled as “E1”, “E2”, “E3”, etc; or “P1”, “P2”, “P3”, etc; or a combination of the two. Other unique labeling systems will be accepted.
- 2. Solid or Liquid – Denote if the manure in the SMSS is solid or liquid.
- 3. Date Constructed – List the approximate date of construction for an existing SMSS.
- 4. Brief Description – Provide a brief description of the facility and SMSS. **Previously approved structures must have the approval number and date approved listed.**

**D. FACILITY DETAIL SHEET EXAMPLES**

**Example 1**

**New Facility Proposing an SMSS**

You are seeking approval for a proposed SMSS waste management system. The waste storage pond or building will provide long term manure storage and qualifies as an SMSS. You will label the waste storage pond or building P1 on the Site Plan.

Label on Site Plan	Type of Manure*	Solid or Liquid	Date Constructed <i>(for existing buildings)</i>	Storage Capacity	Brief Description:
P1	Swine*	Liquid	N/A	9,000,000 Gallons	A clay lined earthen waste storage pond that will serve as an SMSS for swine manure.

\*List all types that are accepted such as Swine, Liquid Dairy, or for solids, Dairy, Chicken, Turkey w/litter.



*Insert Site Plan and Plot Map(s).*



# SATELLITE MANURE STORAGE STRUCTURE (SMSS) PERMIT APPLICATION PACKET

## Construction

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### INSTRUCTIONS:

Complete Section A. Prepare construction drawings and the other construction information listed in this form using the checklists in Section B. through Section S. Use the check boxes to indicate whether each item is addressed or if it is not applicable to your application. The checklists cover the construction details required in the Satellite Manure Storage Structure rule, 327 IAC 20. The instructions give you the rule citation for each section. It is helpful to refer to the rule, when completing this form. You can view the Indiana Code (IC) and Indiana Administrative Code (IAC) references in this form at [iga.IN.gov](http://iga.IN.gov). IC references are under the "Laws" link. IAC references are under the "Publications" link. This form is required and supersedes all previous versions. IDEM will not accept substitutes, altered, or previously supplied forms.

## A. SMSS Operation LOCATION INFORMATION

1. Complete the waste management system (SMSS) location information below using the United States Geological Survey (USGS) topographic map the operation is shown upon.

USGS Quadrangle

Section

Township

Range

2. In space below provide detailed directions from the nearest town to the site of the SMSS operation:

## B. WASTE MANAGEMENT SYSTEM DRAWINGS CHECKLIST

Review the waste management system drawing requirements in 327 IAC 20 and answer the questions below.

	Yes	No	N/A
1. Is a design drawing included for all structures proposed (new/expanded manure storage structure) or existing (previously unapproved or expired) above what is listed in a current SMSS permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the waste management system (SMSS) drawings show detailed views and cross sections to define all dimensions and construction materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all systems relying on <b>gravity flow</b> provide the required elevations of the entire waste management system (SMSS) that relies on gravity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. SOIL BORINGS CHECKLIST

Review the soil and water table information requirements in 327 IAC 20 and answer the questions below.

	Yes	No	N/A
1. Is the soil and water table information for the test holes for proposed manure storage structures provided from a soil scientist certified under the Federation of Certified Board of Agriculture, Biology, Earth and Environmental Sciences, a professional geologist certified in Indiana under IC 25-17.6, or a professional engineer registered in Indiana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the number of test holes sufficient to adequately characterize the seasonal water table and soil? <ul style="list-style-type: none"> <li>• For earthen solid manure storage structures, at least two (2) test holes for a structure up to one (1) acre in size, then an additional hole for each additional half acre.</li> <li>• For liquid manure storage structures, at least two (2) holes for a structure up to one-half acre, then an additional hole for each additional half acre.</li> <li>• For concrete solid manure storage structures, at least two (2) holes regardless of size.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all test holes for concrete manure storage structures at least two (2) feet below the base of the structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all test holes for earthen manure storage structures in non-karst areas at least five (5) feet below the base of the structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is at least one (1) test hole for earthen manure storage structures in karst areas to either bedrock or ten (10) feet below base of structure, whichever is shallower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. NEW WASTE MANAGEMENT SYSTEMS SITE RESTRICTIONS CHECKLIST

Review the site restrictions specifically listed in 327 IAC 20 and answer the questions below.

	Yes	No	N/A
1. Is the new waste management system (SMSS) proposed in karst terrain?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the new waste management system (SMSS) proposed over mines? (underground and reclaimed surface mines)	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the response to either A. and/or B. above is "Yes", does the application contain the information requested in Article 20. Satellite Manure Storage Structure Permitting Program (327 IAC 20)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the new waste management system proposed in a one hundred (100) year flood plain? If Yes stop here, 327 IAC 20-5-1(a)(3) strictly prohibits construction in a 100 year flood plain.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is any portion of the waste management system (SMSS) located below the seasonal high water table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the response to 5. above is "Yes", does the application show the drainage system, provide details how the water table is lowered and maintained below the base of the SMSS (including proper drainage location, elevation of the entire waste management system, sizing, pumps and emergency power sources if necessary), and show the access point for sampling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. WASTE MANAGEMENT SYSTEM SETBACKS CHECKLIST

1. Does the waste management system (SMSS) comply with the following setbacks detailed in 327 IAC 20-5-1(c)?

Identifiable Feature at Time of Application	Setback Distance (feet)	Yes	No (see B.)	N/A
	All Waste Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Public water supply well (existing or planned)	1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Public water supply surface intake structure	1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Existing off-site residential and public buildings	400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Surface waters of the state	300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drainage inlets, including water and sediment control basins	300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sinkholes (as measured from the outer limit of the depression in the ground surface formed by the sinkhole where surface water drains to the sinkhole.)	300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Off-site water wells	300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) On-site water wells	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Property lines	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Public Roads	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 327 IAC 20-4-1(b)(11) allows for reduced setbacks or Alternatives to rule requirements. Does the application contain a written waiver request or alternative for a reduced setback?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F. DESIGN REQUIREMENTS FOR ALL NEW WASTE MANAGEMENT SYSTEMS CHECKLIST

	Yes	No	N/A
1. Is the waste management system (SMSS) designed not to discharge to surface waters of the state? (327 IAC 20-3-1 and 327 IAC 20-5-2(e)(1))			
a. Maximum storage capacity calculations based on the design must be included with the application, this should also include any run-on controls, run-on from a twenty five (25) year, twenty four (24) hour rainfall, and maintenance of freeboard (two (2) feet for open structures, ½ foot for covered pits with allowance for six (6) inches of solids accumulation).	<input type="checkbox"/>	<input type="checkbox"/>	

## G. DESIGN REQUIREMENTS FOR ALL NEW LIQUID MANURE STORAGE FACILITIES CHECKLIST

	Yes	No	N/A
1. Is the liquid manure SMSS designed according to the Indiana NRCS Conservation Practice Standard Code 313, Waste Storage Facility, October, 2005? (327 IAC 20-5-2(d) for concrete structures and 20-5-3 for earthen structures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Earthen berms for waste storage structures must be:			
a. stabilized with vegetation or alternative erosion control measures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. maintained to prevent growth of trees and shrubs; and			
c. maintained to allow for visual inspection.			

If no, provide an explanation.

**Notes: If submitting an alternative compliance approach request for approval, see Section N. for the requirements.**

**327 IAC 20-5-5(e) requires the liquid manure storage facility be certified upon completion of construction by an Indiana professional engineer on an IDEM certification form to be submitted with the construction affidavit within thirty (30) days of the completion of construction and prior to introducing manure.**

## H. DESIGN REQUIREMENTS FOR ALL NEW CONCRETE STORAGE FACILITIES FOR LIQUID MANURE CHECKLIST

	Yes	No	N/A
1. Does the design of the concrete liquid SMSS comply with the design standards of Mid-West Plan Service-36: Rectangular Concrete Manure Storages, 2 <sup>nd</sup> Edition 2005 or TR-9: Circular Concrete Manure Tanks, March 1998? (327 IAC 20-5-2(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, provide an explanation.			
2. Does the application contain the Indiana NRCS Concrete Construction Specification, October 2005? (327 IAC 20-5-2(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.

3. Does the application contain drawings for the concrete liquid manure storage facility that include: a) Joints properly sized and spaced. b) Reinforcing steel adequately sized and spaced. c) A foundation that provides necessary support. d) Waterstops properly located and specified.	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. DESIGN REQUIREMENTS FOR ALL NEW EARTHEN STORAGE FACILITIES FOR LIQUID MANURE CHECKLIST**

1. Does the waste storage pond clay liner comply with the maximum seepage rate of 1/16 cubic inch per square inch per day? (327 IAC 20-5-3(a))	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.

2. Does the pond or lagoon have a flexible membrane liner or modified soil liner that complies with the appropriate specification identified in 327 IAC 20-5-3(b) (1) (2) or (3)?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J. DESIGN REQUIREMENTS FOR MANURE STORAGE TANKS CHECKLIST**

**Note: Underground steel storage tanks are prohibited.**

Does the plastic or fiberglass tank and/or above ground steel tank comply with the requirements in 327 IAC 20-5-2(b)?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.

**K. DESIGN REQUIREMENTS FOR ALL NEW SOLID MANURE STORAGE FACILITIES CHECKLIST**

1. An earthen floor without a liner may be used if the following requirements are satisfied:	Yes	No	N/A
a) Is the earthen floor at least five (5) feet above any sand or gravel soils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the seasonal high water table at least five (5) feet below the bottom of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If no, will a perimeter drain be constructed to lower the water table five (5) feet below the bottom of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will the earthen floor be compacted using a sheepsfoot roller, a rubber tire roller or a loaded earthmover following the compaction specifications identified in the NRCS Construction Specification Earthfill, available at: <a href="http://www.nrcs.usda.gov/Internet/FSE_DOCUMENTS/nrcs144p2_030847.pdf">http://www.nrcs.usda.gov/Internet/FSE_DOCUMENTS/nrcs144p2_030847.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the solid manure storage facility be constructed with either a liner or a five (5) inch thick concrete slab/floor if the storage facility is located in a karst terrain or prohibited soil type (327 IAC 20-5-1(b) and meet the requirements of 327 IAC 20-5-3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.



3.	Will run-on and precipitation be diverted away from the solid manure storage facility? <i>If no, the solid manure storage facility must include a method to collect and manage the contaminated run-off.</i>	Yes	No	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the structure have a roof? <i>If no, the solid manure storage facility must include a method to collect and manage the contaminated run-off.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the structure at least two (2) feet above bedrock? <i>If no, the solid manure storage facility must be constructed with either a liner as described in Part J of this checklist or a five (5) inch thick concrete slab/floor.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the SMSS liner designed according to the Indiana NRCS Conservation Practice Standard Code 313, Waste Storage Facility, October, 2005? (327 IAC 20-5-2(d) for concrete structures and 20-5-3 for earthen structures). <i>If no an alternative to rule requirement must be submitted with this application according to 327 IAC 20-5-6. This alternative must show that the planned liner meets or exceeds the standards listed above.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the application contain the Indiana NRCS Concrete Construction Specification, October 2005? <i>If no an alternative to rule requirement must be submitted with this application according to 327 IAC 20-5-6.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the concrete construction comply with the slab specifications in MWPS-36 as required in 327 IAC 20-5-2(d)? <i>If yes include reinforcement, construction and control joints, waterstops, concrete thickness and strength details in the application.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note: Additional design requirements for solid manure storage facilities may be found in the “Design and Construction Requirements & Site Restrictions for New Waste Management System” section of the Guidance Manual for Indiana’s Confined Feeding Program.**

**L. DESIGN REQUIREMENTS FOR ALL PIPELINES CHECKLIST**

Will the pipeline be constructed complying with NRCS Code 634? (327 IAC 20-5-5(d))	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.

**M. DESIGN REQUIREMENTS FOR PERIMETER DRAINS CHECKLIST**

Does the perimeter drain system comply with the requirements of 327 IAC 20-5-1(a)(5) and 327 IAC 20-5-2(c)?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, provide an explanation.

**N. ALTERNATE DESIGN CHECKLIST**

1. Is an alternative design, construction or operational requirements, complying with the requirements of 327 IAC 20-5-6 proposed?	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) If yes, does it include calculations with adequate justification for the alternative design/compliance approach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# SATELLITE MANURE STORAGE STRUCTURE (SMSS) PERMIT APPLICATION PACKET

## Notification Requirements

Part of State Form 56423 (11-17)  
Satellite Manure Storage Structure (SMSS)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue, Rm 1101  
Indianapolis, Indiana 46204  
(800) 451-6027

**INSTRUCTIONS:** *Indiana law requires you to notify certain people of your application in some cases. Complete Section A to determine what notice requirements apply to your application if any. Complete the applicable portions of Section B and C as instructed. This form is required and supersedes all previous versions. IDEM will not accept substitutes, altered or previously supplied forms.*

### A. NOTIFICATION REQUIREMENTS

**1.** Answer all four questions below. If an action is listed to the right of your answer, complete the section(s) listed. If none of your answers require an action, then no notice is required and the form is complete. If further action is required, read Section 2. and Section 3. below regarding proper notice requirements, materials, and certification.

<b>a).</b>	Does the application propose construction of a new Satellite Manure Storage Structure (SMSS) or an expansion through construction of an existing SMSS?		
	<input type="checkbox"/> Yes	<b>Complete</b>	<b>Section B.1. County Executive / County Commissioner List</b> <b>Section B.2. One-Half (1/2) Mile List</b> <b>Section C. Potentially Affected Parties List</b>
	<input type="checkbox"/> No		
<b>b).</b>	Does the operation have a current SMSS permit?		
	<input type="checkbox"/> Yes		<b>Notification is not required if application is a Permit Renewal.</b>
	<input type="checkbox"/> No	<b>Complete</b>	<b>Section B.1. County Executive / County Commissioner List</b> <b>Section B.2. One-Half (1/2) Mile List</b> <b>Section III. Potentially Affected Parties List</b>

**2.** The *Notification of Application Submittal* form provided in this packet or an equivalent letter or notice that you develop must:

- a) Be provided, not more than ten (10) working days **after** submitting an SMSS application, to all individuals listed in Sections B. and C. as directed in Section A.1.a). or A.1.b). above;
- b) Be sent by mail;
- c) Be in writing;
- d) Include the date on which the SMSS application was submitted to IDEM;
- e) Include a brief description of the SMSS application, such as permit type, location, manure type(s), and type(s) of storage structures, and methods of manure application; and
- f) Be paid for by you, the applicant.

**3.** If notification of application submittal is required, you must certify to IDEM the notice was completed in compliance with the requirements of Section 2. listed above. The certification must be included with your application and must contain:

- a) The enclosed *Notification Affidavit* which is completed, signed, and notarized;
- b) The lists generated as directed by all four answers provided in Section I.A.; and
- c) A copy of the notice described Section 2. above.

### B. PARTIES NOTIFIED BY APPLICANT

**1. County Executive / County Commissioner List**  
**Required when applicable by IC 13-18-10.5-3 and 327 IAC 20-4-5(a)(1)**

To complete this section, list the county executive/county commissioners for the county in which the SMSS is to be located or expanded. Attach additional sheets as necessary.

<b>1.</b>	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
<b>2.</b>	Name					
	Mailing address (number and street)					
	City		State		ZIP code	

**B. PARTIES NOTIFIED BY APPLICANT (Continued)**

**1. County Executive / County Commissioner List**

3.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
4.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
5.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
6.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	

**2. One-Half (1/2) Mile List**  
**Required when applicable by IC 13-18-10.5-3 and 327 IAC 20-4-5(a)(2)**

To complete this section, you must, to the best of your ability, list all known persons described below:

- a) Each owner and each occupant of land of which any part of the boundary is one-half (1/2) mile or less from any part of the proposed footprint of the SMSS, on the land on which the SMSS is to be located; and
- b) Each owner and each occupant of land of which any part of the boundary is one-half (1/2) mile or less from any part of the proposed footprint of the SMSS, on the land on which the SMSS is to be expanded.

Attach additional sheets as necessary.

1	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
2.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
3.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
4.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
5.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
6.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	

**2. One-Half (1/2) Mile List (Continued)**

7.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
8.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
9.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
10.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
11.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
12.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
13.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
14.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
15.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
16.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
17.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	
18.	Name					
	Mailing address (number and street)					
	City		State		ZIP code	

**3. Potentially Affected Parties List.**

1.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
2.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
3.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
4.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
5.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
6.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
7.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
8.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
9.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
10.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
11.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	
12.	Name					
	Mailing address ( <i>number and street</i> )					
	City		State		ZIP code	



**SATELLITE MANURE STORAGE STRUCTURE (SMSS)  
PERMIT APPLICATION PACKET  
Notification of Application Submittal**

Part of State Form 56423 (11-17)  
Satellite Manure Storage Structure (SMSS)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue, Rm 1101  
Indianapolis, Indiana 46204  
(800) 451-6027

An application has been submitted to the Indiana Department of Environmental Management (IDEM) for the Satellite Manure Storage Structure (SMSS) that is described below. Indiana law requires an applicant for a SMSS to notify certain people of an application. See and 327 IAC 20-4-5. This notice has been sent to you by the applicant to satisfy the notice requirement. Please review the information below to learn how to get more information or submit comments about this application. IDEM will notify you of the final decision on the application.

Applicant / SMSS name \_\_\_\_\_

Date application submitted (*required*) \_\_\_\_\_  
*(month, day, year)*

Operation permit type (*applicable regulations*)

SMSS Permit (IC 13-18-10.5 and 327 IAC 20)

Operation Location

Nearest crossroads / address \_\_\_\_\_

Nearest city / town \_\_\_\_\_

County \_\_\_\_\_

Political township \_\_\_\_\_

USGS section/Township/Range \_\_\_\_\_

Brief description of application

*(should include brief description regarding the SMSS and the type of manure that will be stored, and methods of manure application)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions regarding the location or other aspects of the application should be addressed to

Applicant's name \_\_\_\_\_

Address (*number and street*) \_\_\_\_\_

City / State / ZIP code \_\_\_\_\_

Telephone number \_\_\_\_\_

If the application meets the requirements in IC 13-18-10.5 and 327 IAC 20 IDEM will approve the application. You may view these laws and regulations on the [iga.IN.gov](http://iga.IN.gov) website. IDEM will accept written public comments for at least thirty-three (33) days following the date the applicant mailed this notice. You can send comments on the application to the address listed at the top of this sheet. You can contact IDEM's Confined Feeding Program staff at (317) 232-4473.

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# SATELLITE MANURE STORAGE STRUCTURE (SMSS) PERMIT APPLICATION PACKET

## Notification Affidavit

Part of State Form 56423 (11-17)  
Satellite Manure Storage Structure (SMSS)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Confined Feeding Section  
Office of Land Quality  
100 North Senate Avenue, Rm 1101  
Indianapolis, Indiana 46204  
(800) 451-6027

**INSTRUCTIONS:** *If a notice is required as directed in Section A-3 (a) of the Notification Requirements form, the applicant must submit an affidavit to IDEM that certifies the notice requirements listed in Section A-2 on the Notification Requirements form were completed. The certification to IDEM must contain this completed Notification Affidavit. This affidavit is required and supersedes all previous versions. IDEM will not accept substitutes, altered, or previously supplied affidavits.*

\_\_\_\_\_, being first duly sworn under oath, deposes and says:

- I live in \_\_\_\_\_ County, Indiana, and being of sound mind and over twenty-one (21) years of age I am competent to give this affidavit.
- I hold the position of \_\_\_\_\_ for \_\_\_\_\_ .  
*(Title of Affiant) (Name of Applicant or Operation)*
- I warrant that I have the authority to sign this affidavit on my own behalf, and on behalf of any entity for which I am signing in a representative capacity.
- As required by 327 IAC 20-4-5, the applicant will mail written notice to all required persons detailed on the Notification Requirements form not more than ten (10) days after submission of the accompanying application on behalf of \_\_\_\_\_ .  
*(Name of Applicant or Operation)*
- The written notice mailed to all required persons will include a brief description of the application, such as permit type, location, manure type and type of satellite manure storage structures, and methods of manure application.

Further Affiant Saith Not.

I affirm under the penalty for perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Applicant signature \_\_\_\_\_  
Date signed (mm, dd, yy) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said County and State, personally

appeared \_\_\_\_\_ known by me to be the person who executed the foregoing instrument, signed the same and acknowledged to me that he/she did so sign the same, and that his/her free act and deed and that the statements made in the foregoing instrument are true.

IN WITNESS WHEREOF, I have set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_\_ .

Signature \_\_\_\_\_

Printed \_\_\_\_\_

My commission expires (month, day, year) \_\_\_\_\_

Residence of \_\_\_\_\_ County, \_\_\_\_\_ .

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