PROFESSIONAL ENGINEER CERTIFICATION FOR CONSTRUCTION OF GEOMEMBRANE LINED LIQUID MANURE STORAGE STRUCTURES

State Form 53084 (5-22) SATELLITE MANURE STORAGE STRUCTURE (SMSS) 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:

- 1. Use this form to certify construction of a liquid manure storage structure as required in 327 IAC 20-5-5(e).
- 2. Fill in all information requested COMPLETELY.
- 3. Attach narratives, supporting documentation and testing results identified below in the Construction Details Section.
- 4. This certification form must be completed, signed, dated, and submitted to IDEM within thirty (30) days of completing construction and prior to introduction of any manure.
- 5. An Indiana registered professional engineer must certify this form.
- 6. Please submit the Completed Construction Affidavit (State Form) with this certification as required by 327 IAC 20-5-5(e).
- 7. Please send this form to the address listed above.
- 8. Please maintain a copy of these forms in your facility operating record.
- 9. For more information, contact IDEM's Office of Land Quality, Confined Feeding Permits Section, at (317) 232-4473.

GENERAL FACILITY INFORMATION						
Name of Facility		S	SMSS Permit Number			
Date of Approval (month, day, year)						
Name of	Permittee					
Address of Location		Т	Telephone Number			
City		Z	ZIP Code			
County	of Operation	E	E-mail Address of Facility Contact			
Location	of Operation (nearest crossroads or mailing address)					
GEN	ERAL CONSTRUCTION INFORMATION					
Start Date of Construction (month, day, year)		Comple	mplete Date of Construction (month, day, year)			
Name of Contractor (If Applicable) Telep		Telepho	phone Number of Contractor			
Name(s)	of Structure(s) (P1, P2, etc.)					
CONSTRUCTION DETAILS: The following are the aspects of the geomembrane lined liquid manure storage structure that must be reviewed by the certifying engineer or his representative for compliance with the approved plans and specifications, and the facility permit. Please attach narratives, supporting documentation and the testing results with this form.			Is a Narrative Attached?			
1.	LAGOON CONSTRUCTION: Please attach required documentation and a narrative discussing the following construction activities. Does the attachment address the following? If not, provide an explanation of why it is not included or not needed.		Yes	No		
a.	. Subgrade Preparation / Earthen Berms					
i Describe the excavation, subgrade preparation, keyway and fill placement for any berms. Address the following: Was the subgrade prepared as required by the plans and specifications? Was the subgrade free from uncompacted fill, standing water, mud, ice, frozen ground or snow before the liner was installed? Did the subgrade preparation comply with the geomembrane installer's subgrade requirements? Was the subgrade inspected and approved by the certifying engineer?						

			Yes	No
	ii	Identify Contractor(s) that performed the work.		
	iii	Identify construction specifications, construction quality assurance (CQA) requirements and the CQA consultant(s).		
	iv	Include daily inspection notes, results of CQA tests, map(s) showing testing locations, pictures, et cetera.		
	V	Include PE's opinion that subgrade preparation and earthen berm construction was performed in accordance with the approved plans, specifications and CQA. Include any additional information regarding the earthwork and site preparation.		
Commen	nts:			
b.		Perimeter Drain System (if applicable)	Yes	No
	i	Describe the excavation and the installation of the perimeter drain system.		
	ii	Identify contractor(s) that performed the construction work.		
	iii	Include inspection notes, construction pictures, et cetera.		
	iv	Include PE's opinion that perimeter drain installation was performed in accordance with the approved plans and specifications. Address the following: Was the perimeter drain system installed as specified on the approved drawings? Was the observation / standpipe installed? Was a shutoff valve installed? Was the drain pipe installed within a granular fill? Were pump(s) installed (if applicable)? Were pump(s) connected to an electric supply?		
C.		Geomembrane Installation	Yes	No
	i	Identify geomembrane liner installation contractor(s).		
	ii	Identify the construction quality assurance (CQA) requirements, the CQA consultant and testing lab.		
	iii	Include copies of manufacturer's quality control certificates, daily inspection notes, results of CQA tests (peel and shear), map(s) showing geomembrane panel layout, et cetera.		
	iv	Describe how the geomembrane panels were seamed together. Describe certification seams (trial seams) performed by each seamer. Describe non-destructive and destructive tests performed on seams (frequency, vacuum box, peel shear, test results, et cetera.).		
	V	Identify any quality control and conformance testing performed on samples of the geomembrane and who performed the tests.		
	Vİ	Include the geomembrane manufacturer's written certifications for: a. The suitability of the material for the intended use. b. The expected service life of the geomembrane under the anticipated conditions. c. The physical properties of the liner for meeting the requirements of the appropriate ASTM standards.		
	vii	Include a letter from the geomembrane installation contractor stating the geomembrane liner was installed according to the approved plans and specifications and the manufacturer's recommendations.		
Commen	nts:			

2.	SUMMARY CONCLUSION	Yes	No			
a.	Does the certification include a brief narrative summarizing the results of the construction of the lagoon? The documentation should include test procedures, sampling details, analytical methods, laboratory data, field data, et cetera.					
Comme	nts:	I				
3.	RECORD/AS-BUILT DRAWINGS	Yes	No			
a.	Provide a set of record / as-built drawings of the lagoon that include a plan(s), cross section(s), detail(s), etc. Do the drawings show the following? If not, please provide an explanation.					
	i The lagoon system dimensions.					
	ii The depth of the lagoon.					
	iv The top width of the earthen berm(s).					
	v The elevations at; the top of berm(s), the bottom of lagoon (top of clay liner) and the operating level (elevation of the bottom of the two feet of freeboard).					
	vi The operating volume of the lagoon(s), (volume excluding the freeboard volume).					
	vii The slope of the lagoon's interior and exterior side (H/V).					
	viii Dimensions of berm's cutoff trench.					
	ix Inlets, access ramps, agitation pads, spillways, splash pads, staff gauges, et cetera.					
	xi Identify the geomembrane liner material and thickness.					
	xii The location of perimeter drain around the lagoon.					
	xiii The location of the perimeter drain's discharge point.					
Comme	nts:					
5. MODIFICATION APPROVAL						
Provide an explanation for any items answered "NO". Any deviation from the approved plans and specifications must have received modification (327 IAC 20-4-4) approval from IDEM prior to construction. Construction of manure structures not meeting the approved plans, specifications, and the facility permit may result in an enforcement action against the facility.						

6. PROFESSIONAL ENGINEER'S CERTIFICATION STATEMENT					
I, (your name), being a Registered Professional Engineer in the State of India	ana, do hereby state that the				
information on and attached with this construction certification report form for (type of structure), constructed at					
(name of facility), is true and accurate, and contains all information required by the	(name of facility), is true and accurate, and contains all information required by the permit and complies with the				
approved plans and specifications. The construction inspection activities are either direct	ctly overseen by or as				
required in IC 25-31-1-16(b).					
The information contained within this report is provided from various sources. This informati	tion includes direct observation				
by, personnel, personnel directly supervised by, independent off-site test	sting laboratories, construction				
contractors and survey firms.					
By signing this form, I attest that the information provided above is true and accurate.					
Signature Date	te (month, day, year)				
Name					
License Number					
Date of Expiration (month, day, year)					
"SEAL"					