



**SATELLITE MANURE STORAGE STRUCTURE (SMSS)
FACILITY CHANGE NOTIFICATION**

State Form 53081 (7-22)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Confined Feeding Section
Office of Land Quality
100 North Senate Avenue
MC 65-45, IGCN 1101
Indianapolis, Indiana 46204

INSTRUCTIONS: For Facility Change Notifications, complete all required sections, sign, date, and return this form to the address above. Please include an updated SMSS Site Plan and Facility Detail Sheet (see sections IV, V & VI). The Facility Change Notification needs to be signed and submitted by the Owner / Operator.

I. GENERAL INFORMATION FOR CURRENT APPROVAL

SMSS ID Number (Log Number):			
Date of Last Approval (month, day, year):		County of Operation:	
Name of Operation:			
Location of Operation (nearest crossroads or mailing address):			

If any of the above information is unknown, contact IDEM at 317/232-4473.

A. CURRENT PERMIT HOLDER (APPLICANT)

The Current Permit Holder (Applicant) is the Owner / Operator that applies for or has received a SMSS Permit under 327 IAC 20, including renewals and amendments. 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 / Operator. Each entity that meets the definition of Owner / Operator for the CFO must submit the requested information below.

Name:*			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone:	()	E-mail Address:	

*A limited liability company (LLC) or corporation (Inc. or Corp.) or other entity required to be registered must have a current registration with the Indiana Secretary of State.

B. PROPERTY OWNER

Same as Applicant

Name:			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone:	()	E-mail Address:	

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

Same as Applicant OR Person listed below is: Manager Operator Lessee

Name:			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone:	()	E-mail Address:	

II. CHANGE INFORMATION

The owner / operator of an approved SMSS must report any facility changes to the operation as approved to IDEM in writing. The department will review the proposed changes and decide if amendments are necessary. Some examples where department notification is required:

- Changes to the positioning of an approved structure that remains in compliance with the setback distances and within the boundaries identified in the SMSS site plan and delineated by representative site borings.
- Transfers of ownership (*refer to "Request for Approval Transfer" form of the record book*).
- Correction of typographical or other minor errors within the approval or other minor changes as determined by IDEM.

These types of changes must be reported by the owner / operator using this form (except for a transfer of ownership, which should be reported on the form noted above). Any other facility changes must be applied for by using the "SMSS Application" form. It is preferred that the "Facility Change Notification Form" be submitted in advance of making changes to the construction plan. This will allow IDEM to confirm that a new approval is not warranted. Questions should be directed to the IDEM Confined Feeding Program, (800) 451-6027 or (317) 232-4473.

Proposed changes:

Attach necessary documentation pertaining to the proposed modifications. For example: revised construction/design drawings, revised SMSS site plan, manure handling technology. Refer to original application procedures for guidance.

III. SIGNATURE

I affirm that the information on this form is, to the best of my knowledge and belief, true, complete and accurate. I am aware of the penalties for knowingly submitting false information under IC 13-30-10-1.5.

Signature of
Owner / Operator: _____

Date: _____
(month, day, year)

INSTRUCTIONS FOR PREPARING A SMSS SITE PLAN:

Prepare a SMSS Site Plan that meets the requirements noted in 327 IAC 20-4-1(b)(3) Section IV SMSS Site Plan Checklist. Attach the SMSS Site Plan to this form. Complete the Facility Detail Information in Section VII using the Section V checklist and the examples in Section VI. Check the boxes next to each item in Sections IV and V as you verify that the SMSS Site Plan and Facility Detail Information sheets are complete. If current approval contains structures that have not been constructed, please label these structures P (proposed) on the SMSS site plan and facility detail sheet.

IV. SMSS SITE PLAN CHECKLIST

<input type="checkbox"/>	A. The SMSS site plan must be on a sheet no less than 8 ¹ / ₂ inches by 11 inches in size.
<input type="checkbox"/>	B. The farmstead plan must show all existing and proposed SMSS, and all of the following features within 500 feet of the SMSS (label each feature): <ol style="list-style-type: none">1. All existing and proposed structures2. Surface waters of the state3. Public and private roads4. Water well locations5. Characteristics of karst terrain as identified in 327 IAC 19-2-246. 100 year floodplains7. Property boundary line8. All outlets of known tile drains or any other type of subsurface or surface drainage outlet9. Drainage inlets, including water and sediment control basins showing their outlets, and ponds with outlets10. Any residence
<input type="checkbox"/>	C. The SMSS site plan must be legible and either: <ol style="list-style-type: none">1. Drawn to approximate scale; or2. Show specific distances between the SMSS and the features listed immediately above in section B that are within 500 feet of the existing or proposed SMSS.

V. FACILITY DETAIL INFORMATION CHECKLIST

Using the instructions below, complete Section IV. The Facility Detail Information sheet for all SMSS present or proposed at the site. If the rows of the provided Section IV. 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.

<input type="checkbox"/>	A. Label the SMSS Site Plan – The SMSS must be uniquely identified on the SMSS site plan. Existing structures should be labeled with an “E”. Proposed structure should be labeled with a “P”. After labeling each building 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.
<input type="checkbox"/>	B. SMSS Type.
<input type="checkbox"/>	C. Solid or Liquid – Denote if the manure in the unit is handled as a solid or liquid.
<input type="checkbox"/>	D. Date Constructed – List the approximate date of construction for existing waste storage structures.
<input type="checkbox"/>	E. Brief Description – Provide a brief description of the SMSS. Indicate if the unit shares manure storage with another unit (i.e. common lagoon system, slurry store, etc.). Previously approved structures must have the approval number and date approved listed.

VII. FACILITY DETAIL INFORMATION

Label on Site Plan	SMSS Type	Solid or Liquid	Date Constructed <i>(for existing buildings)</i>	Brief Description