



SATELLITE MANURE STORAGE STRUCTURE (SMSS) CONSTRUCTION NOTIFICATION

State Form 53037 (6-22)

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: Complete, sign, date and return this form to the address above two (2) days prior to the scheduled waste management system construction.

All items marked with an asterisk (*) must be completed or form will be returned.
Questions should be directed to the Confined Feeding Program at (800) 451-6027 and ask for CFO Permits.

I. GENERAL INFORMATION FOR CURRENT APPROVAL

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

CURRENT PERMIT HOLDER (APPLICANT)

Name:*			
Mailing Address:			
City:			
State:		ZIP Code:	
Telephone (with area code):	()	E-mail Address:	
Contact Person During Construction:*		Telephone Number:*(area code)	()

II. CONSTRUCTION INFORMATION

Have the final approved drawings and specifications been provided to the contractor?* Yes No

Does the current construction plan differ from what was approved by IDEM?* Yes No

If yes, the owner/operator must submit written notification to the department of any changes to the operation as approved before receiving approval from IDEM and beginning construction. The approved drawings and specifications are available in IDEM's Virtual File Cabinet at <http://vfc.idem.in.gov/>. If changes are minor, they may be handled using a Facility Change Notification. If the changes are more extensive, the department may decide an amendment or new construction application is necessary, and the owner/operator must submit the information requested.

Construction Start Date* (month, day, year):	
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NOTE: All liquid storage structures must be certified by an Indiana Registered Professional Engineer (PE) as being constructed according to the approved plans. This certification is required to be submitted along with your construction completion affidavit within thirty (30) days of completing construction. The PE information requested below is required to begin construction of a liquid manure storage structure.

Name of PE* (not the name of the company)(N/A if not applicable):			
E-mail Address of PE:*		Telephone Number:*(area code)	()
Name of Contractor:*		Contact Person:	
Address of Contractor:		Telephone Number:*(area code)	()
City:		State:	ZIP Code:

III. SIGNATURE

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this form are true, accurate, and complete.

_____ Signature of Owner/Operator	_____ Printed Name of Owner/Operator	_____ Date (month, day, year)
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