

SATELLITE MANURE STORAGE STRUCTURE (SMMS) COMPLETED CONSTRUCTION AFFIDAVIT State Form 53083 (5-22)

INSTRUCTIONS: Complete, sign, date, notarize and return this form to the address above within thirty (30) days of completed construction AND prior to the storage of manure in the approved structure. This form must be signed by the Owner / Operator, or an Authorized Agent of the Owner / Operator.

I. GE	NERAL INFORMATIO	Ν							
SMSS	ID Number (Log Number):		Construction Statu	s:	Complete	🗌 Pa	artially Com	plete*	
SMSS	Name (Name of Operation):				Cour	nty:			
Construction Completion Date: (Of structures listed below) (month, day, year)									
List the names of the structures that have been constructed and are covered by this affidavit (i.e.: P1, P2, etc):									
For all liquid manure storage facilities approved after July 1, 2012, you must also submit a professional engineer (PE) certification form with the completed construction affidavit.									
Did co	nstruction include any liq	uid manure storage	e facilities?				🗌 Yes	🗌 No	
SMSS Permits may incorporate conditions that require testing to verify that the manure storage facility is consistent with the design and performance standards in 327 IAC 20. Results from any required testing must be submitted prior to the introduction of animals or storage of manure in the approved structure.									
Did the	e SMSS Approval contain	special approval o	conditions requiring	post-c	onstruction test	ing?	🗌 Yes	🗌 No	
II. CONSTRUCTION INFORMATION									
, certify the following:									
•	Operator or Authorized Agent								
1.	I live inCounty, Indiana, and I am competent to give this affidavit.								
2.	I am legally authorized to make the representations in this Affidavit on behalf of, the recipient of SMSS permit issued on <i>(month, day, year)</i>								
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3.	I know and understar	ia the requirement	nts for construction	n of th	e SMSS as Im	iposed	by the peri	mit.	
4.	I have personal knowledge of the construction of the SMSS that is the subject of the permit.								
5.	As required by Indiana Code 13-18-10-1.4, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT SMSS (or a portion of the facility) <u>WAS CONSTRUCTED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT.</u>								
6.	<i>(Initial here if this section applies.)</i> I have submitted written notification to IDEM of any changes to the facility, allowed by 327 IAC 20-4-4, after the permit was effective.								

III. CERTIFICATION

I affirm under penalty of perjury that accurate to the best of my knowledg		is affidavit are true, complete and							
Signature of Affiant	Printed Name of Affiant	Date (month, day, year)							
*****	***************************************	******							
STATE OF INDIANA	COUNTY OF								
Before me as a Notary Public in and for said County and State, personally appeared and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this day of, 20									
Signature:	Printed Name:								
My Commission Expires (month, day, ye	ear): Resident of	County							