



**CONFINED FEEDING OPERATION
COMPLETED CONSTRUCTION AFFIDAVIT**

State Form 51255 (R4 / 1-16)

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: Complete, sign, date, notarize and return this form to the address above within thirty (30) days of completed construction AND prior to the introduction of animals or 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.**

***NOTE:** This form may be used multiple times during a phased construction project. Should you desire to populate a completed barn prior to completion of the remaining construction, this form must be submitted.

I. GENERAL INFORMATION

Farm ID Number (Log Number):		Construction Status:	<input type="checkbox"/> Complete	<input type="checkbox"/> Partially Complete*
Farm Name (Name of Operation):		County:		
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 construction include any liquid manure storage facilities?				<input type="checkbox"/> Yes <input type="checkbox"/> No
CFO Approvals may incorporate conditions that require testing to verify that the manure storage facility is consistent with the design and performance standards in 327 IAC 19-12-4. Results from any required testing must be submitted prior to the introduction of animals or storage of manure in the approved structure.				
Did the CFO Approval contain special approval conditions requiring post-construction testing?				<input type="checkbox"/> Yes <input type="checkbox"/> No

II. CONSTRUCTION INFORMATION

_____, certify the following:
 (Owner / Operator or Authorized Agent Name)

- I live in _____ County, Indiana, and I am competent to give this affidavit.
- I am legally authorized to make the representations in this Affidavit on behalf of _____, the recipient of approval number AW- _____ issued on (month, day, year) _____.
- I know and understand the requirements for construction of the confined feeding operation as imposed by the approval.
- I have personal knowledge of the construction of the confined feeding operation that is the subject of the approval.
- As required by Indiana Code 13-18-10-1.4, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION (or a portion of the facility) WAS CONSTRUCTED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT.
- _____ (Initial here if this section applies.) I have submitted written notification to IDEM of any changes to the facility, allowed by 327 IAC 19-8-3(b), after the approval letter was effective.
- As required by Indiana Code 13-18-10-1.4, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WILL BE OPERATED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT.

III. CERTIFICATION

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

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, year): _____ Resident of _____ County