LIVESTOCK WASTE LAGOON
CERTIFICATION OF CONSTRUCTION OR MODIFICATION

A. General Lagoon Location Information:

County Name	Township #	Range #	Prin. Meridian

Section #	1/4 Section	1/4-1/4 Section

B. Facility Information:

Name: _____

Mailing Address: _____

_____

Phone Number: _____

Facility ID #: _____

C. Owner or Operator Information:

Name: _____

Company: _____

Mailing Address: _____

_____

Phone Number: _____

D. Certification Statement:

"I hereby certify that the information provided on this form is correct and that the lagoon has been constructed in accordance with the standards as required by the Livestock Management Facilities Act (510 ILCS 77/1 *et seq*.). Furthermore, I certify that the information included on the originally submitted registration form, any subsequently submitted amendments, and any information attached to this form is correct."

_____

Signature of the Owner or Operator

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Livestock Management Facilities Act (510 ILCS 77). Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-1559 (1-01)