



**LIVESTOCK WASTE LAGOON LINER
CERTIFICATION OF CONSTRUCTION OR MODIFICATION**

A. General Lagoon Location Information (please provide the following information):

County Name	Township #	Range #	Prin. Meridian
Section #	1/4 Section	1/4-1/4 Section	

B. Facility Information:

Name: _____

Mailing Address: _____

Phone Number: _____

C. Owner or Operator Information:

Name: _____

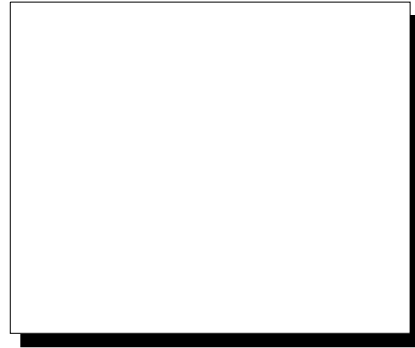
Company: _____

Mailing Address: _____

Phone Number: _____

D. Certification Statement (please provide a signature and stamp/seal):

“I hereby certify that the livestock waste liner herein described meets all the applicable requirements of the Livestock Management Facilities Act (510 ILCS 77/1 *et seq.*) and the rules promulgated thereunder.”



Registered Professional Engineer's Signature

Stamp / Seal

Engineer's Name: _____

Company Name: _____

Address: _____

City / State / Zip code: _____

Telephone: _____

Fax: _____

E. Supporting Justification and Data:

Pursuant to 8 Ill. Adm. Code 900.605(a), supporting justification and data relative to the construction or installation of the liner is required as part of the engineer's certification.