



# LIVESTOCK WASTE LAGOON REGISTRATION APPLICATION

Please indicate the type of facility being registered: \_\_\_\_\_ New Lagoon; \_\_\_\_\_ Modified Lagoon

Please indicate the address below that should be used for correspondence by placing a check on the line to the left of the section.

\_\_\_ **A. Company/Owner Information.**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_ **B. Manager/Operator Information.** (if different from company/owner information)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_ **C. Facility Information.** (if different from above)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**D. Lagoon Location Information.**

1. General Location. Please provide the following information:

_____	_____	_____	_____
County Name	Township #	Range #	Prin. Meridian

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

2. Facility Location Area Map. Provide a location map of the area surrounding the facility. Identify the location of the lagoon relative to the following: a) roads; b) streams, rivers, and other water sources such as surface and subsurface drains and waterways; c) on- and off-site private potable and non-potable wells; d) public potable wells; e) residences; f) churches, businesses, and other common places of assembly. Preferably this site map should be a copy of a U.S. Geological Survey quadrangle map or the county plat book map with adequate scale to show required details.

On the location area map, indicate the distance from the outermost extent of the lagoon (exterior berm toe) to the following:

Nearest private or public potable well(s) \_\_\_\_\_ ft.  
 Nearest on-site non-potable well(s) \_\_\_\_\_ ft.  
 Nearest abandoned or plugged well, drainage well, or injection well \_\_\_\_\_ ft.  
 Nearest occupied residence(s) (other than any occupied by the owner or operator) \_\_\_\_\_ ft.  
 Nearest stream(s) \_\_\_\_\_ ft.  
 Nearest "populated area(s)" \_\_\_\_\_ ft.

**E. Type of Livestock and Animal Units.**

Indicate the type and general size of livestock, the maximum number of animals, and the number of animal units using the conversion factors as follows:

Swine < 55# = 0.03                      Swine > 55# = 0.4  
 Cattle = 1.0                                  Dairy = 1.4  
 Young Dairy stock = 0.6                Sheep, Lambs or goats = 0.1  
 Horses = 2.0                                Turkeys = 0.02  
 Laying hens or broilers = 0.005  
 Laying hens or broilers (if facility has overflow watering) = 0.01  
 Laying hens or broilers (if facility has liquid manure handling) = 0.03  
 Ducks = 0.02

Type	Number of Head (A)	Conversion Factor (B)	Animal Units (A) X (B)
Example: Sows	100	0.4	40

Type	Number of Head (A)	Conversion Factor (B)	Animal Units (A) X (B)
Facility Design Capacity in Animal Units -----			
-			

**F. Site Investigation Certification.**

1. Certification of site investigation by a Licensed Professional Engineer or Licensed Professional Geologist:

**“I, the undersigned, do hereby certify that the investigation associated with the site which is the subject of this registration application was conducted under my direction and meets all the applicable requirements of the Livestock Management Facilities Act and Rules. Furthermore, the site investigation has resulted in a finding that (CHECK ONE OF THE FOLLOWING):**

\_\_\_\_\_ **The uppermost aquifer material is located above or within 20 feet of the lowest point of the planned lagoon bottom, thus a liner and a monitoring program are required.”** *[All remaining sections of this application form must be completed.]*

\_\_\_\_\_ **The uppermost aquifer material is located within 20 to 50 feet from the lowest point of the planned lagoon bottom, thus a liner is required.”** *[Section I. Groundwater Monitoring of this application does not need to be completed. Please complete all other sections.]*

\_\_\_\_\_ **No aquifer material is located within 50 feet from the lowest point of the planned lagoon bottom, thus a liner and monitoring wells are not required.”** *[Sections H. Liner Plans and Specifications and I. Groundwater Monitoring of this application do not need to be completed. Please complete all other sections.]*

Engineer or Geologist Name [type or print]:

\_\_\_\_\_ Registration # \_\_\_\_\_

Company Name \_\_\_\_\_

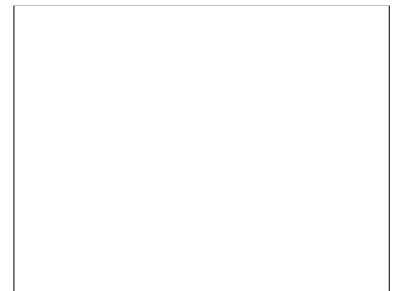
Address \_\_\_\_\_

City/State/zip code \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ FAX \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Stamp or Seal



2. Supporting justification and data. Please attach supporting justification and data, pursuant to 8 Illinois Administrative Code 900.603(b)(8).

**G. Lagoon Design Plans and Specifications.**

1. Provide a lagoon plot plan indicating the location of livestock management structures or areas, on-site wells, groundwater monitoring wells (if required), and subsurface drainage lines relative to the location of the proposed lagoon. Indicate if any subsurface drainage lines have been relocated or removed. Identify on the plan the 100 foot radius from the outer-most extent of the lagoon. Depict surface water flow across and from the facility using contour lines or notation and arrows.
  
2. On the above submitted plan drawing of the lagoon, include overall and component dimensions and elevations referenced to a single facility benchmark.
  
3. Provide cross-section drawings of the lagoon to indicate construction details, elevations, and dimensions of the walls and floor, including the location and orientation of all transfer and/or connecting piping.
  
4. Provide the total surface area of the lagoon exposed to collect precipitation. \_\_\_\_\_
  
5. Provide the total animal weight used in the design based on the maximum design capacity of the facility in animal units noted under Section E. \_\_\_\_\_
  
6. Provide the following volumes and, as a part of the registration, show the calculations in support of the volumes (cubic feet):
  - (a) Minimum design volume \_\_\_\_\_ cubic feet
  - (b) Livestock waste volume \_\_\_\_\_ cubic feet
  - (c) Washdown or dilution volume \_\_\_\_\_ cubic feet
  - (d) Runoff volume \_\_\_\_\_ cubic feet
  - (e) Sludge buildup volume or provide the method to eliminate sludge buildup \_\_\_\_\_ cubic feet
  - (f) Indicate the proposed frequency of sludge removal \_\_\_\_\_ days

**Total lagoon design volume [(a)+ (b) + (c) + (d) + (e)] ..... \_\_\_\_\_ cubic feet**

**H. Liner Plans and Specifications.** (Complete this section only if a liner is being included in the design of the lagoon.)

1. Provide cross-section drawings, elevations, and dimensions including materials of construction, liner thickness, and complete construction and installation details (including liner seam details, if applicable).
2. If a synthetic liner will be installed, provide liner maintenance guidelines; a manufacturer's statement of compatibility pertaining to the type of livestock waste to be stored and the supporting soil material; and a listing of the liner specifications or physical properties.

**I. Groundwater Monitoring.** (Complete this section if monitoring wells are being included in the design of the lagoon.)

1. Provide plans for the groundwater monitoring program. Include the number; location; design; depth; screened interval, screened depth and length; and other site-specific information for the monitoring wells. Include information to demonstrate that a minimum of two (2) monitoring wells will be located down gradient from the lagoon.
2. Indicate the estimated depth to groundwater: \_\_\_\_\_ feet below the land surface
3. Indicate the seasonal low water table depth: \_\_\_\_\_ feet below the land surface
4. Include a narrative on well sampling procedures identifying techniques for collection, preservation, shipment, and chain of custody control.
5. Include a narrative indicating the method(s) of analysis and statement indicating that the samples will be analyzed for the analytes listed at 8 Illinois Administrative Code 900.611 (c).

**J. Construction Dates.**

List the anticipated beginning and ending dates of construction.

Beginning date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Ending date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**K. Fees.**

This registration form must be accompanied by a check or money order in the amount of \$250.00 made payable to "Illinois Department of Agriculture -- Livestock Management Facilities Fund".

**L. Application Signature.**

Registrant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions may be directed to the Illinois Department of Agriculture at 217/785-2427 (Voice / TDD).

Please submit this form and all documentation to:

Livestock Waste Program  
Illinois Department of Agriculture  
Bureau of Environmental Programs  
P.O. Box 19281  
Springfield, IL 62794-9281