



WASTE MANAGEMENT PLAN CERTIFICATION FORM

I, the undersigned, do hereby certify that a Waste Management Plan for the livestock management facility named below has been prepared in accordance with the requirements of the Livestock Management Facilities Act[510 ILCS 77/1 et seq.] and the rules promulgated thereunder.

LIVESTOCK MANAGEMENT FACILITY INFORMATION:

Facility Name: _____

Company: _____

Address: _____

Phone: _____

Total # of Animal Units: _____ Species: _____

OWNER/OPERATOR INFORMATION:

Facility Name: _____

Company: _____

Address: _____

Phone: _____

WASTE MANAGEMENT PLAN LOCATION:

Signature of Owner or Operator

Date

Return to:
Livestock Waste Program
Illinois Department of Agriculture
Bureau of Environmental Programs
PO Box 19281
Springfield, IL 62794-9281

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Environmental Protection Act (415 ILCS 5) and the Livestock Management Facilities Act (510 ILCS 77/1 et seq.). Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.

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