



**CONFINED FEEDING OPERATION
CLOSURE CERTIFICATION**
State Form 55054 (R / 11-14)

RECEIVED
CONFINED FEEDING OPERATIONS
June 26, 2024
Dept. of Environmental Mgmt.
Office of Land Quality

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: As required by 327 IAC 19-15-2(b), complete, sign, date, and return this notification form to the address listed above no later than thirty (30) days after permanent closure of either a portion of or an entire waste storage structure. Please include an updated Farmstead Plan and Facility Detail Sheet.

I. GENERAL INFORMATION			
Farm ID Number (Log Number):	1018	(or)	Approval Number: AW- 6400
Date of Last Approval (month, day, year):	8/7/14	County of Operation:	Elkhart
Owner Name (Name to which the Approval was issued):	Brent Martin		
Name of Operation (if applicable):	Brent Martin		
Mailing Address of Owner:	66569 CR 13		
Telephone Number (with area code):	(574)370-2486	Email Address:	
Location of Operation (nearest crossroads or mailing address):	CR 13 & CR 40		
If any of the above information is unknown, contact IDEM at 317/232-4473.			
II. CLOSURE INFORMATION			
Future Intended Use of Closed Storage Structure:	E7 was no longer needed		
New Combined Storage Capacity at Facility (after closure):	_____ days		
III. CERTIFICATION STATEMENT			
I, <u>Brent Martin</u> , certify to the following:			
1. I live in <u>Elkhart</u> County, Indiana, and age, I am competent to give this certification.			
2. I hold the position of <u>Owner</u> for <u>Brent Martin</u> (facility's name), and by virtue of my position with <u>Brent Martin</u> (facility's name), I am authorized to make the representation contained in this certification on behalf of the confinement operation.			
3. I have personal knowledge of the closure of the waste storage structure that is the subject of this certification.			
4. I have removed all manure from the closed waste storage structure.			
5. I have land applied all manure in accordance with 327 IAC 19-14 or have managed it accordance with state and federal laws.			
6. If applicable, I have removed all associated appurtenances and conveyance structures from uncovered liquid manure structures.			
7. I know and understand the requirements for closure of a waste storage structure as imposed by 327 IAC 19-15-2(a), and as required by 327 IAC 19-15-2(b), I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE WASTE STORAGE STRUCTURE WAS CLOSED IN ACCORDANCE WITH 327 IAC 19-15-2(a).			
IV. SIGNATURE			
<u>6/26/24</u> Date (month, day, year)		<u>Brent Martin</u> Signature	
		<u>Brent Martin</u> Printed Name	