

Swine & Dairy Assistance Program

COOPERATOR ACKNOWLEDGEMENT



Waste Impoundment Closure

| Cooperator N | Name: | Date: |
|---------------|--|---|
| Tract/Field: | | County: |
| projects. The | | SDAP policies pertaining to Waste Impoundment Closurents and initial on the line to acknowledge that they have |
| | ould be filled out with the assistance of local Soil a ser explanation and answer any questions that aris | and Water Conservation District staff so that they may se. |
| The | e waste impoundment structure will be decommis | ssioned and no longer used for the intended purpose. |
| | s the responsibility of the cooperator to notify the least 24 hours prior to the start of the closure. | e appropriate Division of Water Resources regional office |
| clos | sure methodology as indicated below: a) Agitate all waste in waste impoundment to c | create a slurry and land apply feet of liquid, agitate remaining liquid with sludge to redge sludge, and land apply |
| | nd application must be in accordance with the rate poundment closure plan. | es and under the conditions specified in the waste |
| the | | sure, it is the responsibility of the cooperator to ensure ure methodology and land application rates, are proper |
| exte clos | · | it no longer impounds water. Irea may be reclaimed for other uses. |

^{*}If converting the impoundment to an agricultural water supply pond, a Conversion Cooperator Acknowledgement form will need to be filled out in addition to this closure form.

| | If the bottom of the impoundment at the time of closure will support scraped clean. Soil stability for earth moving equipment shall be determine of closure. | | |
|---|--|---|--|
| | All pipes and waste transfer components that conveyed waste to or from the impoundment shall be removed or rendered unable to convey waste. | | |
| | All disturbed areas shall be vegetated to control erosion in accordance | e with NRCS 342 Critical Area Planting. | |
| I acknowledge by my signature below that I have read and understand the policies listed above. | | | |
| PRINT NA | ME: | | |
| SIGNATU | RE: | DATE: | |
| <u>District Technical Representative</u> I acknowledge I have reviewed the impoundment closure plan and associated policies with the cooperator listed above. | | | |
| PRINT NA | ME: | | |
| SIGNATU | RE: | DATE: | |
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