

Manure Storage/Collection Area Closure Worksheet

Site Information

Name of operation _____ Legal land description _____
 Facility type _____ GPS reading of NW corner of the manure facility _____
 Approximate dimensions of facility: L _____ W _____ D _____ ERST score for facility: Low Medium High
 Liner type of facility: Natural Compacted Synthetic Other _____

Closure Information

	Yes	No	
All manure removed	<input type="checkbox"/>	<input type="checkbox"/>	Approximate depth of manure impacted soil removed from the walls & floor: _____
Inlet/outlet pipe sealed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manure impacted soil removed	<input type="checkbox"/>	<input type="checkbox"/>	Revegetated to: _____
Facility filled and mounded with soil	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closure area revegetated	<input type="checkbox"/>	<input type="checkbox"/>	Converted future use of facility or facility area (cropland, water storage, etc): _____
Closure completed by: Operator	<input type="checkbox"/>		_____
Consultant	<input type="checkbox"/>		Reason for closure: _____
Company: _____			_____
Date of closure: _____			_____