

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"/>	Revegetated to: _____
Manure impacted soil removed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility filled and mounded with soil	<input type="checkbox"/>	<input type="checkbox"/>	Converted future use of facility or facility area (cropland, water storage, etc):
Closure area revegetated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closure completed by:	Operator <input type="checkbox"/>		Reason for closure: _____
	Consultant <input type="checkbox"/>		_____
Company: _____			_____
Date of closure: _____			_____