



**NOTE:** "Applicant" refers to the legal name of an individual, a corporation, a limited liability company, partnership, or government entity to whom the permit will be issued, if approved. If applicant is an individual, completion of a U.S. Citizenship Attestation form may be required, except when already on file with the Department. The Applicant is responsible for compliance with all local laws, and for obtaining applicable local, county, and other permits. The Certification below must be signed by the applicant or an authorized representative, as defined below.

## CERTIFICATION

I certify that, to the best of my knowledge and belief, I have the authority under the laws of the State of Nebraska to sign this application. I also certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that significant penalties exist for submitting false information, including the possibilities of a fine and imprisonment for knowing violations.

\_\_\_\_\_  
*Printed or Typed Name of Applicant or Authorized Representative*

\_\_\_\_\_  
*Signature of Applicant or Authorized Representative*

\_\_\_\_\_  
*Date of Signature*

"Authorized Representative" means, for:

**A Corporation:** a principal executive officer in charge of a principal business function and of at least the level of vice president; or

**A Limited Liability Company:** a manager or principal executive officer; or

**A Partnership:** a general partner; or

**A Sole Proprietorship:** the proprietor; or

**A Municipal, state or other public entity:** a principal executive officer or ranking elected official

## TECHNICAL ADVISOR INFORMATION

NAME OF CONSULTANT OR ADVISOR \_\_\_\_\_ TITLE OR CERTIFICATION: \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

CONSULTANT PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*(Work) (Other: Cell, Home, Fax, etc.)*

Email: \_\_\_\_\_

I certify that the design of the livestock waste control facility meets the minimum requirements as outlined in Title 130, "Livestock Waste Control Regulations," of the Nebraska Department of Environmental Quality.

\_\_\_\_\_  
*Signature of Technical Advisor or Professional Engineer*

\_\_\_\_\_  
*Date of Signature*

**---Seal of Professional Engineer---**  
*(if required)*

**---For DEQ Office Use Only---**