SOLID WASTE DISPOSAL AREA REGISTERED PROFESSIONAL ENGINEER CLOSURE CERTIFICATION

I,			, a Professional
	(Name)		
Engineer registered in the State of Nebras	ska pursuant to th	e Engineers and Archite	ects Registration Act,
hereby certify that I have reviewed the Cl	losure Plan for the	2	
•		(*Type of Solid Waste	Disposal Area)
permitted by the State of Nebraska as		e of Facility)	[hereafter "facility"]
Parmit #	located at		
Permit #(Insert Number)	located at	(Complete Physical Ada	lress of Facility)
and that I am familiar with the rules and respectively. Regulations pertaining to closure of such aforementioned facility and the closure of complete accordance with the facility's complete accordance with the facility of the faci	facility. I person f the aforemention losure plan appro and the rules	nally have made visual in med facility has been per wed by the Nebraska De and regulations of Title	inspection(s) of the rformed in full and spartment of e 132.
(Date)		(Business Ad	ldress)
		(Telepho	ne)
(Professional Engineer Seal)			

^{*}Type of solid waste facility: municipal solid waste, construction and demolition waste, fossil fuel, combustion ash, etc.