



ANNUAL IMPOUNDMENT CERTIFICATION

Note: All ponds within a refuse area must be certified by a Professional Engineer (Chap. 90.112(d)).

Company Name:	Address:	Site Name:
SMP No. / NPDES Permit No.:	Municipality:	County:

I, _____ CERTIFY that the following impoundment is constructed and maintained in accordance with the approved plans.

Impoundment ID	Date Inspected	Comments
Are there any appearances of instability, structural weakness, or hazardous conditions present? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide an explanation)		
Does the existing storage capacity meet the requirements of the approved plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide an explanation)		
Does the impoundment require a non-discharge alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the non-discharge alternative constructed and maintained in accordance with the approved plans? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide an explanation)		
Are there any other aspects of the structure that affect stability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide comments below)		
General Comments _____ _____ _____ _____ _____		

PE/PLS Name _____

Signature of PE/PLS _____

Date _____

Registration Number and Expiration Date _____

SEAL