## ADEM AFO/CAFO COMPREHENSIVE WASTE MANAGEMENT SYSTEM PLAN PREPARATION-REVIEW-UPDATE QUALIFIED CREDENTIALED PROFESSIONAL CERTIFICATION

FARM OPERATOR/OWNER:		<u>-</u> -
FARM NAME:	COUNTY:	
ADEM CAFO REGISTRATION #: ALA	ANIMAL TYPE(s):	
	QCP CERTIFICATION	
702(rr), with documented training a inspection of ADEM defined compreh exceed all requirements of ADEM Admin. Code regarding Alabama required animal standards, and am able to certify effective.	alled professional (QCP) as defined by ADE and experience in the design, preparation the sensive Waste Management System Plans Iministrative Code ch. 335-6-7. I fully knot ch. 335-6-7 and I am able to make sound waste management practices, am familicative management strategies have been personners and practices according to all of the	on, implementation, and some (WMSPs) that meet or ownedgeable of all of the distribution professional judgments far with current industry roperly implemented and
the WMSP is consistent with, and refacility and land application sites. I described the state of	valuation/review of the facility's compreher epresentative of, current and planned structure that the comprehensive ADEM Wires, operations, and nutrient management Code ch. 335-6-7.	uctures/operations at the MSP for the facility fully
was prepared, reviewed, and/or update assure that qualified personnel proper inquiry of the person or persons who gathering the information, the information accurate, and complete. I am aware to	document and the comprehensive was paged under my supervision in accordance warly gather and evaluate the information so manage the system, or those persons ation submitted is, to the best of my know that there are significant penalties for submitted in the system. I fur	rith a system designed to submitted. Based on my s directly responsible for pwledge and belief, true mitting false information
WMSP is: New: Reviewed:	Updated:	
Date of Existing Plan Prior To Review/	Update:	
QCP Registration-Certification #	QCP Designation-Description	<u>.</u>
QCP Print Name	QCP Signature	Date
<u>OPERAI</u>	OR/OWNER ACKNOWLEDGEMENT	
Farm Operator/Owner Print Name	Farm Operator/Owner Signature	Date