**REFUSE PILES/IMPOUNDMENTS ENGINEERING CERTIFICATION**

I do hereby certify that the [refuse pile(s)] [impoundment(s)] designated as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Permit No. \_\_\_\_\_\_ for Coal Surface Disturbance Permit submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has (have) been (is being) constructed (maintained):

(Check Appropriate Box):

* In the designated location and according to the design approved in said Application.
* According to the approved design with the exception of the following minor changes:
* In accordance with the approved plan and the Department’s regulations, with no appearances of instability, structural instability, structural weakness or other hazardous conditions, except as discussed below.

For Impoundment(s):

 Discuss in detail any changes such as location change, changes in drainage area served, pond dimensions, sizes of discharge structures, etc. Also discuss reasons for changes and justification of new design if applicable. Submit as-built design information if changes from approved design has occurred. (Please use additional pages as necessary and provide appropriate drawings.)

For Refuse Pile(s):

 Discuss in detail any changes from the approved plan, including reasons for change. Also, mention any appearances of instability, structural weakness, and other hazardous conditions. (Please use additional pages as necessary and provide appropriate drawings.)

This is an (Inspection) (Examination) report for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Indicate Time Period)*

This report certifies construction: 🞎 Progress 🞎 Completion

**INDIVIDUAL P.E. CERTIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** **Illinois Registration Number (Seal)**

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**Firm**

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**Address** **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number** **Date**

**PROFESSIONAL DESIGN FIRM CERTIFICATION**

Complete if applicable. If not, respond N/A.

\_\_\_\_\_\_\_ As an employee of a Professional Design Firm as defined by the Illinois Department of Financial and Professional Regulation, I certify that the professional design firm is registered and in good standing with the Illinois Department of Financial and Professional Regulation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Professional Design Firm Name** **Professional Design Firm Number**