LAGOON CLOSURE STATEMENT

I, _____, accept full responsibility for properly closing all waste retention structures at the facility known as _____ in the event it ceases to operate, function, or is ordered to close by action of the Oklahoma Department of Agriculture, Food, and Forestry.

_____ _____

Date Signature and Title

ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
) ss:
COUNTY OF _____)

Signed or attested before me on _____, 20___ by _____.

_____

Notary Public

(Seal)

_____

Commission Number

My Commission Expires:

_____