United States Department of Agriculture

Illinois 8/14

Roofs and Covers (367)
Floating Modular Cover Implementation Plan

IL-ENG-26

Name _____ County _____ Planned By _____ Date _____

Location of Waste Storage Facility: _____ Plan Checked _____ Date _____

_____ Plan Approved _____ Date _____

Product Name: _____

Implementation Details: **Install modular cover according to manufacturer's instructions.*

Waste Storage Facility		Surface Area	Quantity Requirements	
ID	Type	*square feet*	Modules per sq.ft.	Number of Modules

Notes: