

APPLICATION FOR A PERMIT TO CONSTRUCT, INSTALL, MODIFY OR CHANGE THE USE OF A WASTE TRANSFER SYSTEM OR ANIMAL WASTE STORAGE FACILITY 500 CU. FT. OR LARGER, AND TO COMPLY WITH MANITOWOC COUNTY CODE CHAPTER 26 ANIMAL WASTE STORAGE ORDINANCE.

COMPLETED BY SWCD

APPLICATION NUMBER _____ DATE OF COMPLETED APPLICATION _____

ANIMAL UNITS UTILIZING NEW FACILITY _____ OR INCREASED ANIMAL UNITS IF EXPANDING STORAGE _____

PERMIT FEE (CHECK ONE) _____

- _____ \$100 CONSTRUCTION/MODIFICATION OF A TRANSFER SYSTEM
- _____ \$500 MODIFICATION OF WASTE STORAGE FACILITY
- _____ \$500 NUMBER OF ANIMAL UNITS IS FEWER THAN 300
- _____ \$750 NUMBER OF ANIMAL UNITS IS 301 TO 1,000
- _____ \$1,150 NUMBER OF ANIMAL UNITS IS 1,001 TO 2,000
- _____ \$1,500 NUMBER OF ANIMAL UNITS IS 2,001 TO 3,000
- _____ \$2,500 NUMBER OF ANIMAL UNITS IS MORE THAN 3,000

MAKE FEE PAYABLE TO: **MANITOWOC COUNTY SWCD**
PO Box 935 4319 Expo Drive
MANITOWOC, WI 54221-0935

CHECK AMOUNT _____
 CHECK NO. _____
 DATE PAID _____
 REC'D BY _____

PART IV – CONSTRUCTION PERMIT
 PERMIT ISSUED NUMBER _____ DATE _____

PART I – APPLICATION FOR PERMIT

PLEASE TYPE OR PRINT

NAME OF APPLICANT _____ **DATE** _____

ADDRESS _____ **PHONE (_____)** _____

CITY _____ **STATE** _____ **ZIP** _____

OWNER (IF DIFFERENT) _____ **EMAIL** _____

ADDRESS _____ **PHONE (_____)** _____

CITY _____ **STATE** _____ **ZIP** _____

LEGAL DESCRIPTION OF PROPERTY _____ **1/4** _____ **1/4** **SEC** _____ **T** _____ **N R** _____ **E**

TOWN OF _____

APPLICANT'S SIGNATURE _____ **DATE** _____

NAME _____

PART II – NUTRIENT MANAGEMENT

A. I _____ **HAVE OBTAINED THE SERVICES OF**
(LANDOWNER)

_____ **FROM** _____
(CERTIFIED CROP ADVISOR) (BUSINESS ASSOCIATION)

TO PREPARE A NUTRIENT MANAGEMENT PLAN TO FULFILL THE REQUIREMENTS OF THE MANITOWOC COUNTY ANIMAL WASTE ORDINANCE.

THE NUTRIENT MANAGEMENT PLAN WILL MEET THE REQUIREMENTS OF THE MANITOWOC COUNTY ORDINANCE CHAPTERS 19 & 26 AND NR151 MANURE SPREADING RESTRICTIONS, AND WILL MEET REQUIREMENTS OF WI NRCS STANDARD 590 NUTRIENT MANAGEMENT.

IF A CURRENT NUTRIENT MANAGEMENT PLAN IS NOT ON FILE OR IF YOU'RE INCREASING THE NUMBER OF ANIMAL UNITS ON YOUR FARM, COMPLETE AND/OR INCLUDE THE FOLLOWING INFORMATION:

590 CHECKLIST AND NUTRIENT MANAGEMENT PLAN FOR CURRENT OR NEXT AVAILABLE CROP YEAR.

TOTAL ANNUAL VOLUME OF PROJECTED:
LIQUID MANURE _____
SOLID MANURE _____
OTHER WASTE _____

ADEQUATE LAND IS AVAILABLE FOR APPLICATION OF MANURE AND WASTE

PROVIDE 5 YEAR SPREADING AGREEMENTS FOR LAND, NOT OWNED, THAT WILL RECEIVE MANURE AND WASTE. INCLUDE NAMES, ADDRESSES, AND PHONE NUMBERS OF LANDOWNERS ACCEPTING MANURE AND WASTE.

MAPS OF LAND THAT WILL BE USED FOR MANURE AND WASTE APPLICATION WITH CLEARLY DEFINED FIELD BOUNDARIES AND FIELD NUMBERS. INCLUDE HAZARDS FROM NRCS 590 STANDARD AND MANITOWOC COUNTY ORDINANCE CHAPTER 19.

APPLICANT'S SIGNATURE

DATE

CERTIFIED CROP ADVISOR'S SIGNATURE

DATE

PART III - STORAGE FACILITY / TRANSFER SYSTEM PLAN

ANY PERSON WHO APPLIES FOR A PERMIT TO CONSTRUCT, INSTALL, MODIFY, OR CHANGE THE USE OF AN ANIMAL WASTE STORAGE FACILITY OR TRANSFER SYSTEM MUST SUBMIT A PLAN CERTIFIED BY AN AGRICULTURAL OR CIVIL ENGINEER OR BY A DATCP OR NRCS ENGINEERING PRACTITIONER. THE PLAN SHALL SHOW THAT THE APPLICANT WILL COMPLY WITH THE REQUIREMENTS OF TECHNICAL STANDARDS 313, 634, 382, 590.

NAME OF PERSON RESPONSIBLE FOR CONSTRUCTION INSPECTION AND VERIFICATION OF COMPLETED PROJECT: _____

PART IV – CONSTRUCTION PERMIT

SOIL BORINGS COMPLETED BY _____ DATE _____

CONSTRUCTION PLAN PREPARED BY _____ DATE _____

CONSTRUCTION PLANS APPROVED BY _____ DATE _____

NUTRIENT MANAGEMENT PLAN COMPLETE (*SEE NOTE BELOW) _____ Yes _____ No

*NUTRIENT MANAGEMENT PLANS WILL BE UPDATED AND SUBMITTED ANNUALLY TO THE MANITOWOC COUNTY SOIL AND WATER CONSERVATION DEPARTMENT, PRIOR TO FIELD APPLICATION OF WASTES. SUBMITTALS MAY BE PAPER OR DIGITAL, AND SHALL INCLUDE A NUTRIENT MANAGEMENT 590 CHECKLIST SIGNED BY THE AGRONOMIST AND FARM OPERATOR.

- THE OWNER MUST PROVIDE SWCD WITH WRITTEN CERTIFICATION WITHIN 30 DAYS FOLLOWING COMPLETION OF THE CONSTRUCTION, INSTALLATION, OR ALTERATION OF THE ANIMAL WASTE STORAGE FACILITY OR TRANSFER SYSTEM. THE CERTIFICATION MUST BE SIGNED BY AN AGRICULTURAL OR CIVIL ENGINEER OR BY A DATCP OR NRCS ENGINEERING PRACTITIONER; PROVIDE AN AS-BUILT DRAWING OR PLAN; AND STATE THAT THE ACTIVITY WAS COMPLETED IN ACCORDANCE WITH THE APPROVED STORAGE FACILITY PLAN AND COMPLIES WITH ALL PERMIT CONDITIONS.
- THE WORK TO BE PERFORMED IS DESCRIBED IN THE ATTACHED PLAN.
- THE APPLICANT AGREES TO PROVIDE FIVE (5) WORKING DAYS NOTICE BEFORE BEGINNING CONSTRUCTION AND THAT ALL SUCH WORK SHALL COMPLY WITH ALL STANDARDS REFERENCED IN THE MANITOWOC COUNTY ANIMAL WASTE STORAGE ORDINANCE AND ALL OTHER APPLICABLE COUNTY ORDINANCES AND LAWS AND REGULATIONS OF THE STATE OF WISCONSIN. THE APPLICANT IS RESPONSIBLE FOR SECURING ALL REQUIRED PERMITS, I.E. SETBACK AND BUILDING.
- DEVIATIONS FROM THE ORIGINAL PLAN MUST BE APPROVED BY THE SOIL AND WATER CONSERVATION DEPARTMENT PRIOR TO INSTALLATION.
- SOIL AND WATER CONSERVATION DEPARTMENT PERSONNEL HAVE THE RIGHT TO CONDUCT SITE INSPECTIONS DURING OR FOLLOWING CONSTRUCTION TO DETERMINE THAT THE FACILITY IS INSTALLED AS PLANNED AND DESIGNED.
- THE SOIL AND WATER CONSERVATION DEPARTMENT MAY REVOKE ANY PERMIT ISSUED UNDER CHAPTER 26 ANIMAL WASTE STORAGE ORDINANCE IF THE HOLDER OF THE PERMIT HAS MISREPRESENTED ANY MATERIAL FACT IN THE PERMIT APPLICATION OR ANIMAL WASTE STORAGE FACILITY PLAN, OR IF THE HOLDER OF THE PERMIT VIOLATES ANY OF THE CONDITIONS OF THE PERMIT. THE PERMITEE SHALL BE IMMEDIATELY NOTIFIED OF THE REVOCATION IN WRITING AND SHALL BE INFORMED OF THE REASONS FOR REVOCATION.

MANITOWOC COUNTY
SOIL AND WATER CONSERVATION DEPARTMENT
PO Box 935 – 4319 Expo Drive
MANITOWOC WI 54221-0935

NAME _____
PERMIT # _____
DATE ISSUED _____ (COMPLETED BY SWCD)

APPROVED / DENIED (CIRCLE ONE)

SOIL AND WATER CONSERVATION DEPARTMENT'S

AUTHORIZED AGENT SIGNATURE: _____ DATE _____

THIS PERMIT IS VALID ONLY WHEN SIGNED BY THE AUTHORIZED AGENT AND IS VALID FOR TWO (2) YEARS FROM DATE OF ISSUANCE. EXPIRATION DATE _____