

# APPLICATION FOR ANIMAL WASTE MANAGEMENT PERMIT

(Please print.)

Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address (If different from Property Owner) \_\_\_\_\_

Location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ T \_\_\_\_\_ N-R \_\_\_\_\_ W Parcel No. \_\_\_\_\_

## (ADMINISTRATIVE AUTHORITY USE ONLY)

### THIS PERMIT IS FOR A:

New System: \_\_\_\_\_ Alteration: \_\_\_\_\_ Repair: \_\_\_\_\_ Closure: \_\_\_\_\_

Existing, for which a previous permit is on file:

Permit #: \_\_\_\_\_ Issued: \_\_\_\_\_

\_\_\_\_\_ An existing system that has been inspected and is compliant as far as soil conditions.

Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount \_\_\_\_\_ Permit # \_\_\_\_\_

## P R E C O N S T R U C T I O N   P H A S E

### ONSITE INVESTIGATION

[See Soil Investigation Report - LCFM Form # AWO-A]

Date \_\_\_\_\_ By \_\_\_\_\_

### FACILITY DESIGN PLAN

[See Technical Review of Animal Waste Facility Proposal - LCFM Form # AWO-B]

Company/Agency \_\_\_\_\_ Designer \_\_\_\_\_

County Review Date \_\_\_\_\_ By \_\_\_\_\_

### NUTRIENT MANAGEMENT PLAN

[See Nutrient Management Plan Review - LCFM Form # AWO-C ]

Conservation Plan, Manure Spreading Plan, Baseline Nutrient Accounting

Date \_\_\_\_\_ By \_\_\_\_\_

Nutrient Budget

Company/Agency \_\_\_\_\_ Planner \_\_\_\_\_

County Review Date \_\_\_\_\_ By \_\_\_\_\_

Type: conditional      complete

### OWNER ACKNOWLEDGMENT

As the owner/permittee I hereby agree to have the waste storage facility constructed per the Facility Design Plan. I agree to operate the facility per the Operation and Maintenance Agreement. I agree to manage wastes per the Nutrient Management Plan. I agree to follow all Permit Conditions associated with this facility.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(FRONT)

**PERMIT TO CONSTRUCT** (Approval authorizes construction to begin)

Permit Conditions

[See Permit Conditions - LCFM Form # AWO-D]

Dated \_\_\_\_\_ Operational Permit Expiration Date \_\_\_\_\_

Disapprovals

Reason \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Reason \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**In accordance with Sec. 15.32, alleged errors in any order, requirement, decisions, or determination may be appealed to the Board of Adjustment.**

Approval

Administrative Authority \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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**POST CONSTRUCTION CERTIFICATION**

**ANIMAL WASTE FACILITY CONSTRUCTION CERTIFICATION**

Final Inspection by Designer \_\_\_\_\_ Date \_\_\_\_\_

Post Construction Review by County Technical Authority

Signature \_\_\_\_\_ Date \_\_\_\_\_

Engineering Documentation Provided to Technical Authority, Date \_\_\_\_\_

**NUTRIENT MANAGEMENT PLAN**

Receipt of Nutrient Budget by County Technical Authority \_\_\_\_\_

\_\_\_\_\_ Complete Plan Received Date Received \_\_\_\_\_

\_\_\_\_\_ Conditional Plan Received Required Date for Final Plan \_\_\_\_\_

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**COMPLIANCE CERTIFICATION & USE AUTHORIZATION**

(Approval authorizes the waste storage facility to be brought into use)

Recognizing that the facility has been certified as being designed and constructed in accordance with requirements of the Chippewa County Animal Waste Ordinance and appropriate permit requirements, the facility is hereby authorized for use.

Administrative Authority

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_