

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 # _____
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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 _____

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 _____

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 _____

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 _____