

**ANIMAL WASTE  
PERMIT APPLICATION  
LINCOLN COUNTY**

PERMIT: AW- -

**MANURE STORAGE/TRANSFER CONSTRUCTION/CLOSURE PERMIT**

- For construction of new facilities, substantial alteration of existing facilities, repair or replacement of failing and leaking facilities, and closure of manure storage facilities.
- Use of this form is required by the Land Services Department (LSD) for any Manure Storage/Transfer activities pursuant to Lincoln County Code 11.05 Animal Waste Management. Please print or type using blue or black ink.

**OPERATOR/APPLICANT INFORMATION**

Owner(s)			
Mailing Address			
City, State, ZIP			
Telephone	Cell:	Home:	
E-Mail			

**PROPERTY OWNER INFORMATION (if additional or different than operator)**

Owner(s)			
Mailing Address			
City, State, ZIP			
Telephone	Cell:	Home:	
E-Mail			

**PROPERTY SITE LOCATION**

Site Address:			
Section: ____	Township: ____ North	Range: ____ East	Gov. Lot ____ OR ____ $\frac{1}{4}$ ____ $\frac{1}{4}$
Additional Info: (Lot, Block, Subdiv, CSM, etc)			

**THIS APPLICATION IS FOR:**

☐ New Construction      ☐ Abandon      ☐ Modify Existing

**PROJECT INFORMATION:**

Provide a brief description of the proposed activity	
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Provide a description of the type and size of structure.	
Type: _____	Size: _____

**LIVESTOCK INFORMATION**

Type of Livestock:	
Current Animal Units: (use A.U. Calculator)	Planned Animal Units: (use A.U. Calculator)

**PLEASE COMPLETE THE OTHER SIDE**

Town \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Owner \_\_\_\_\_

## PLEASE READ AND SIGN

The undersigned hereby makes application for a permit to construct, modify, or abandon a manure storage facility on the property herein described. The work to be performed is described in the attached plan. Deviations from the plan must be reviewed and approved prior to construction. The undersigned agrees that all such work shall comply with all applicable standards outlined in the Lincoln County Code 11.05 Animal Waste Management, other applicable County Ordinances, and the laws and regulations of the State of Wisconsin. This includes the development and implementation of a nutrient management plan compliant with the NRCS Nutrient Management Standard (590), which is to be updated and submitted annually to the Lincoln County LSD.

Five working-days notice shall be given to the Land Conservation Program prior to commencing construction. Certification that construction was completed as planned, in writing, is due within 10 days of project completion. Activities authorized by permit must be completed within two years from the date of issuance.

Signature of Owner/Operator:

Date:

### LANDOWNER CERTIFICATION IF LANDOWNER(S) ARE DIFFERENT THAN THE OPERATOR

I hereby certify that I concur with the construction/closure plan and will allow its implementation.

Signature of Land Owner(s) (all owners on title must sign):

Date:

## APPLICATION CHECKLIST

### Construction or Modification

- ☐ Narrative of the general 313 criteria
- ☐ Location map drawing of the site
- ☐ Engineering design drawings of manure storage facility and transfer system
- ☐ Structural details (shape, dimension, cross sections)
- ☐ Provisions for drainage and runoff control
- ☐ Construction site erosion control plan
- ☐ Estimated start of construction and construction schedule
- ☐ A safety plan identifying hazards
- ☐ An operation and maintenance plan
- ☐ A nutrient management plan that meets NRCS 590

### Abandonment

- ☐ Location map drawing of the site
- ☐ Description of method to remove manure
- ☐ Description of how manure will be disposed of
- ☐ Provisions to remove or permanently plug transfer
- ☐ Description of how the area will be filled and source of fill materials
- ☐ A safety plan including hazards
- ☐ Alternative use information if applicable

### THIS BOX FOR OFFICE USE ONLY

Initial Permit Fee: \$100

Receipt:

\*remaining permit fee due upon completion. See conservation fee schedule for details\*

Initial Inspection - Inspected By:

Date Inspected:

Final Inspection - Inspected By:

Date Inspected:

Permit Application: ☐ Approved ☐ Denied Staff Signature:

Date:

Conditions of Permit:

☐ See Attached Permit Card