

**PORTAGE COUNTY
APPLICATION FOR A PERMIT TO CLOSE AN ANIMAL MANURE STORAGE FACILITY**

Town of _____ Permit No. _____

Owner or Agent _____ Date _____

Address _____ Phone No. _____

City State Zip Parcel No. _____

Description: Gov't. Lot _____, _____ 3 _____ 3, Section _____, T _____ N, R _____ E

Type of Structure: _____

<u>Does Attached Plan Include:</u>	Yes	No
1. Sketch and location of facility in relation to other buildings?	_____	_____
2. Location of wells within 500' of facility?	_____	_____
3. Elevation of high ground water, if applicable, and date determined?	_____	_____
4. Statement of how manure transfer system will be abandoned?	_____	_____
5. Spreading and utilization plans?	_____	_____
6. Provision for adequate drainage and control of runoff?	_____	_____
7. Location and distance of facility to navigable body of water (within 500')	_____	_____
8. Structural details (shape, dimensions, cross sections, concrete details, material list)?	_____	_____
9. TBM (Temporary Bench Mark)?	_____	_____

Onsite Assistance Provided: Yes _____ No _____ By: _____ Date: _____

Attached Plans Reviewed by: _____
Name Title Date

Approved: Yes _____ No _____

Property Owner's Statement:

The undersigned hereby makes application for a permit to close an animal manure storage facility on the property herein described. The work to be performed is described in the attached plan. The undersigned agrees that all such work shall comply with all applicable animal manure storage facility closure standards outlined in the NRCS Technical Guide and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin. Facilities for which permits are issued shall be closed in accordance with NRCS Technical Standards specified in Sec. 360 of the Technical Guide.

NOTE: Deviations from original plan must be reviewed and approved by LWCC or NRCS prior to installation.

Property Owner's Signature Date

FOR OFFICE USE:

Cost-Sharing Yes _____ No _____ What Program _____

Permit Issued _____ Permit Denied _____ Reason for Denial _____

Date Permit Issued County Conservationist

Any constructed changes to the plan submitted for this permit have been approved by the Portage County LWCD.

Property Owner's Signature Technician Signature

COMMENTS: Use reverse side.