



MANURE STORAGE CLOSURE PERMIT APPLICATION

For the closure of an existing manure storage facility, including conversion of its use

LCD PERMIT #: AWO - _____ - _____

APPLICANT INFORMATION

Name:		
Mailing Address:		
City:	State:	Zip:
E-mail Address:	Phone Number:	

FACILITY LOCATION

Site Address:		
City:	State:	Zip:
Sec. _____, T _____ N, R _____ W, Town of _____	Computer Number _____ - _____ - _____	

FACILITY INFORMATION (if available)

Animal Type & Numbers:	Transfer System:
Liner Type: <input type="checkbox"/> compacted Soil <input type="checkbox"/> geomembrane <input type="checkbox"/> geosynthetic clay <input type="checkbox"/> concrete	
Proposed Completion Date:	Storage Capacity: _____ gallons

GENERAL APPLICATION REQUIREMENTS

<input type="checkbox"/> Signed application (this form) <input type="checkbox"/> Site plan <input type="checkbox"/> Provisions for removal of accumulated waste, contaminated soils, liners, and transfer systems, that complies with <i>NRCS 360 Waste Facility Closure</i>	<input type="checkbox"/> Provisions for utilization of accumulated waste and contaminated soils that complies with <i>NRCS 590 Nutrient Management Plan</i> <input type="checkbox"/> Permit Fee: \$220.00 Checks payable to: Eau Claire County LCD
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NOTICE: PERMIT FEES DOUBLE WHEN WORK BEGINS PRIOR TO ISSUANCE OF PERMITS AND APPROVALS.

SIGNATURES

I, THE UNDERSIGNED, AGREE TO EXERCISE THE PERMIT IN ACCORDANCE WITH ALL APPLICABLE EAU CLAIRE COUNTY ORDINANCES AND TO ALLOW LAND CONSERVATION DIVISION STAFF ACCESS TO THE PROPERTY FOR INSPECTION OF THE FACILITY COVERED BY THIS PERMIT. THE UNDERSIGNED AGREES TO PROVIDE FIVE (5) WORKING DAYS NOTICE TO THE LAND CONSERVATION DIVISION BEFORE STARTING ANY CONSTRUCTION ACTIVITY.

Applicant Signature:	Date:
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ON-SITE INVESTIGATION (LCD USE ONLY)

Staff on Site:	Date on Site:
Recommendation: <input type="checkbox"/> approve <input type="checkbox"/> deny <input type="checkbox"/> additional information needed	
Staff Signature:	Date:
Date Received:	Received By:
Fee Received:	Receipt #: