

Marathon County
Conservation, Planning & Zoning Dept
1100 Lakeview Drive; Suite 400
Wausau WI 54403

**APPLICATION FOR A PERMIT TO:
CLOSE, CONSTRUCT, INSTALL, MOVE,
RECONSTRUCT, EXTEND, ENLARGE,
CONVERT OR
SUBSTANTIALLY ALTER AN
ANIMAL WASTE STORAGE FACILITY**

Application Number _____	
Parts I & II	
Application Fee:	
<input type="checkbox"/> New Construction or Modification	\$415
<input type="checkbox"/> Waste Storage Facility Closure.....	\$205
Date paid _____	Received by _____
Part III	
Construction Permit	
Size: _____ gallons	Fee: _____
Date paid _____	Received by _____
Permit issued:	
Number _____	Date _____

PART I **APPLICATION FOR NEW CONSTRUCTION OR MODIFICATION**

APPLICATION FOR AGRICULTURAL WASTE STORAGE CLOSURE

Please Type or Print

Name of **Applicant** _____ Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Owner (if different) _____ Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Legal description of property _____ 1/4 _____ 1/4 Sec _____ T _____ N R _____ E

Town of _____

Applicant's Signature _____ Date _____

Owner's Signature (if different) _____ Date _____

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Name _____
Application # _____

PART II NEW CONSTRUCTION

I _____ have obtained the services of
(Landowner)

_____ from _____
(Certified Crop Advisor) (Business Association)

to prepare a Nutrient Management Plan to fulfill the requirement of the Marathon County Animal Waste Storage and Nutrient Management Ordinance.

The Nutrient Management Plan will meet the Natural Resource Conservation Service Technical Standard 590. The plan shall be submitted to the Marathon County Conservation, Planning and Zoning Department no later than April 1st of the year following installation of a manure storage facility. This plan will be completed by _____ (mm/dd/yr).

The Nutrient Management Plan will be updated annually for the life of the manure storage. Any updated plans will be provided to the Marathon County Conservation, Planning and Zoning Department upon request.

The recommendations of the Nutrient Management Plan will be followed as closely as possible.

Landowner Signature: _____

Date _____

Certified Crop Advisor Signature: _____

Date: _____

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Name _____
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PART III CONSTRUCTION PERMIT

[Parts I and II must be completed prior to issuing this construction permit.]

Soil borings completed by _____ Date _____

Construction Plans prepared by _____ Date _____

Plans approved by _____ Date _____

Nutrient Management Plan Complete: _____ Yes No

Facility Size

Transfer system to storage if independent of storage.....	\$260.00
Storage up to 250,000 gallons	\$260.00
Storage of 250,000 – 5,000,000 gallons.....	\$515.00
Storage of 5,000,001 gallons or greater	\$775.00

A double fee will be charged for all after-the fact (ATF) applications

The undersigned hereby makes application for a permit on the property herein described. The work to be performed is described in the attached plan. The undersigned agrees to provide five (5) working days notice before beginning construction and that all such work shall comply with all standards referenced in the Marathon County Animal Waste Storage & Nutrient Management Code and all other applicable County Ordinances and Laws and regulations of the State of Wisconsin. Deviations from the original plan must be approved by the Conservation, Planning and Zoning Department prior to installation.

Applicant's Signature _____ Date _____