

**Wood County Land Conservation Department**  
**Animal Waste Storage Facility Ordinance**  
 400 Market St. PO Box 8095, Wisconsin Rapids, WI 54495-8095  
 Phone: 715-421-8475; Fax: 715-421-8579



**Wood County Addendum D**  
**Application for a Permit to Close an Animal Waste Storage Facility**

APPLICANT MAILING ADDRESSES		PROPERTY DESCRIPTION		
Applicant Name		Tax Parcel Number		
Street Address		Town	1/4	1/4
City, State, Zip Code		T	N	R
Phone Number ( ) Fax ( )		Type of Construction :		
<b>WOOD COUNTY FEE SCHEDULE</b>		<b>LCD USE ONLY</b>		
50,000 gallons or less	\$150	Permit Issued:	Const. certification received:	
50,001 to 150,000 gallons	\$300	Permit denied:	Reason for denial:	
150,001 to 250,000 gallons	\$350	Permit Number:	Permit Fee:	
250,001 to 500,000 gallons	\$400	<b>NOTES</b>		
500,001 to 1,000,000 gallons	\$450			
1,000,001 to 5,000,000 gallons	\$600			
5,000,001 to 10,000,000 gallons	\$800			
10,000,001 gallons or greater	\$1,250			
Stand Alone Transfer System	\$200			
Closure Permit Fee	\$200			
After the Fact Permit	Double Regular Fee			
APPROVAL				
On site assistance provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		By:	Date:	
Attached plans reviewed by:				
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:	Title:	Date:
PLAN CHECKLIST				
Does attached plan include:				
1)	A description of the type and size of the manure storage facility and an estimate of the amount of manure in the facility?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2)	A description of how and where the manure and soil saturated with manure will be land applied in accordance with Technical Standard 590?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3)	A description of how the liner, if any, will be disposed of?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4)	A description of how the manure transfer system will be removed or permanently plugged?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5)	A description of how the excavated area will be filled in and where the clean fill will come from?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6)	A plan view showing the final grade, the area to be reseeded, and how rain and runoff will be diverted away from the site?			Yes <input type="checkbox"/> No <input type="checkbox"/>
7)	Other additional information necessary to comply with this ordinance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
PROPERTY OWNER'S STATEMENT				
<p>The undersigned hereby makes application for a permit to close an animal waste 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 waste facility standards as set in the Wood County Animal Waste and Manure Management Ordinance, other applicable County Ordinances and the laws and regulations of the State of Wisconsin.</p> <p>The undersigned also agrees to certify in writing, upon closure of the facility, that the facility was closed as planned. Deviations from the original plan must be reviewed and approved by the County Conservationist prior to installation.</p>				
Applicant Signature (landowner) _____		Date _____		