



Eau Claire County
Department of Planning and Development
LAND CONSERVATION DIVISION
Eau Claire County Courthouse
721 Oxford Avenue, Room 3344
Eau Claire, Wisconsin 54703
(715) 839-6226

**Manure Storage
Construction
Permit Number:**

AWO-

Initial Certificate of Use for a Manure Storage Facility

No person may operate or use a manure storage facility or any portion of a manure storage facility that was constructed after June 18, 2019 unless the person has a valid Certificate of Use for the storage facility or portion of the manure storage facility that is being operated or used.

OWNER/OPERATOR INFORMATION

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

FACILITY LOCATION

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

FACILITY INFORMATION

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		Storage Capacity: _____ Gallons	

INITIAL CERTIFICATE OF USE REQUIREMENTS

<input type="checkbox"/> Certification Signatures (see below)	<input type="checkbox"/> Completed Nutrient Management Plan
<input type="checkbox"/> Safety devices installed	<input type="checkbox"/> As-built drawings that meet Ch. 17.04, NRCS 313, and other applicable standards
<input type="checkbox"/> Seeding and mulching installed	

NOTICE: THERE IS NO FEE ASSOCIATED WITH THIS CERTIFICATE

CERTIFICATIONS & SIGNATURES

I certify that the manure storage facility described above was installed per Ch. 17.04 and NRCS 313 plans and specifications, and I have provided Eau Claire County Land Conservation Division with the as-built drawings to support this.

Qualified Person:	Date:
<i>I acknowledge that, to retain this Certificate of Use, I must submit an Annual Certificate of Use Checklist, nutrient management plan update, and Nutrient Management Checklist to Eau Claire County Land Conservation Division by April 15th, annually.</i>	
Operator Signature:	Date:

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 (see comments)	
Staff Certification:	Date:
Comments:	