



N4695 CTY BB, Chilton WI 53014
Phone: 920-849-4720

MANURE TRANSFER EQUIPMENT PERMIT

Today's Date: _____

Calendar Year: _____

Owner & Operator of the Manure Source

Farm Name: _____

Farm Contact Name: _____ Phone Number: _____

Farm Address: _____

Location of Tank: _____ Address

As the farm and main source – please initial each box

- Follow Manual of Uniform Traffic Control Devices (MUTCD) at <http://mutcd.fhwa.dot.gov/kno-millennium.htm> for information on work zone signage and installation within the work zone. (Signs shall be at least 48"x48" with prismatic sheeting or higher-grade intensity).
- Night Operations of Manure Distribution Tank and equipment within town road right-of-way shall be allowed as long as proper signage and flashing lights are utilized. The distribution tank does not need to be removed from the town road right-of-way daily as long as said tank is properly marked.
- Cost of repairs to the dispensing location will be bore by the manure supplier and contracted hauler for damages to roadway, edge of roadway, shoulder, ditch/fore slope/backslope, right-a-way, etc.
- No more than four (4) trucks, including the truck unloading, shall be parked on the road where the tank is located.
- I have contacted Jeff Schwarz, Road Supervisor of The Town of Chilton for location of equipment to be set. Phone: 920-418-1368 or jeffschwarz8@gmail.com
- I received, have read Ordinance 2019-02 and understand the MUTCD requirements
_____ Signature
- Prior to hauling:
 - o Send proof of Insurance for your farm and each hauler
 - o This Permit
 - o Payment of \$100.00 to:

Attn: Municipal Clerk
Town of Chilton
N4695 County Road BB
Chilton WI 53014



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By signing this permit, I attest that I have read and understand all terms and conditions of this permit and ordinance and hereby agree to abide by all terms and conditions of this permit.

I have on file insurance liability papers for all haulers that do business with us to assure all are insured and hold no responsibility to the Town of Chilton and their employees.

Signature

Date

For Office Use:

Date Received Application and Payment _____

Check Number _____

Board Reviewed _____

Filed On _____

Questions or concerns please contact the clerk's office at 920-849-4720.
Clerks Office Hours: Monday, Wednesday and Thursday 8am to 4pm

Elected Town Board:

John Schwarz, Chairman 920-378-6762

Randy Lisowe, Supervisor 920-418-1953

Richard Buechel, Supervisor 920-849-9406