

TOWN OF CHARLESTOWN

MANURE TRANSFER EQUIPMENT PERMIT

Today's Date: _____

Calendar Year: _____

Owner & Operator of the Manure Source

Farm Name: _____

Farm Contact Name: _____ Phone Number: _____

Farm Address: _____

Contracted Hauler Name(s): _____

Location of Tank: _____

☐ Single Permit

☐ Annual Permit

As the contracted hauler and/or farm if self-hauling – 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 three (3) trucks, including the truck unloading, shall be parked on the road where the tank is located.
- ☐ I have contacted the Road Supervisor of The Town of Charlestown for location of equipment to be set.
- ☐ I received, have read Ordinance 2018-01B and understand the MUTCD requirements and all other Conditions of the Ordinance 2018-01B

_____ Signature

- ☐ Prior to hauling:
 - o Send proof of Insurance for your farm and each hauler
 - o This Permit

Payment according to fee schedule to:

Town Clerk
Town of Charlestown
W1011 Bruckner Rd
New Holstein, WI 53061
920-585-8791
treasurer@townofcharlestown.com

Road Supervisor – Ben Buechel
920-849-2885 shop
920-418-3849 cell
roadsuper@townofcharlestown.com

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 Charlestown and their employees.

Signature

Date

For Office Use:

Date Received Application and Payment _____ Check Number _____

Board Reviewed _____

Filed On _____