

Farmer Non-Commercial Septage Operator Certification Application

Form 3400-194 (2/08)

Notice: Use of this form is required if you wish to receive a Farmer Septage Operator Certification. The certification is required under s. 281.17(3), Wis. Stats. Personal information collected is used for program administration and enforcement. Wisconsin's open records law requires the department to provide most information to requesters [s. 19.31 to 19.39, Wis. Stats.].

Department Use Only – Operator Number

Applicant Information

Name			County	
Address			Work Telephone Number	Home Telephone Number
City	State	ZIP Code	E-mail Address (optional)	

Septage Land Application Information

Septage Holding Tank Size	Estimated Pumping Frequency	Total Agricultural Production Acres
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Existing Cover Crop on Proposed Application Site (Note: Land must remain in active agricultural production.)

Do you have sufficient acreage that meets the requirements of ch. NR 113, Wis. Admin. Code? Yes No

Do you plan to land apply septage in the winter? Yes No

Is the proposed site acceptable for winter application based on the following requirements? Yes No

1. Slope must be less than or equal to 2%.
2. Waste application cannot exceed 10,000 gallons per acre per winter.
3. Waste cannot be applied within 750 feet of surface water or wetlands.
4. Waste cannot be applied in a floodplain.

How will pathogen and vector control requirements be met? (select one)

- Direct injection Incorporate within 6 hours Elevate pH to 12 for 30 minutes before application

Do you have a vehicle or farm implement capable of uniform waste application? Yes No

Do you need to drive on a public roadway to access the proposed application site? Yes No

Required Attachments - Provide 2 copies of each (Contact your County Conservationist if necessary)

1. Aerial photo showing the septage tank and proposed application site.
2. A map showing the farm and proposed application site and property boundary.
3. Soil survey map for the proposed application site.

Operator Certification

By signing this form, I certify that the information provided is correct and I have received and understand the requirements of NR 113, Wis. Admin. Code.

Operator Signature	Date Signed
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Mail this completed application to: State of Wisconsin
Department of Natural Resources
Farmer Certification
PO Box 7921
Madison WI 53707-7921

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Pursuant to ss. 299.07 and 299.08, Wis. Stats., a social security number is REQUIRED when applying for a WDNR license or certification. The number may not be disclosed to anyone except the Wisconsin Department of Workforce Development or the Department of Revenue for child support and tax purposes. **THE SOCIAL SECURITY NUMBER WILL NOT BE RETAINED IN THE PAPER RECORDS.**

Social Security Number of Operator