TOWN OF EATON
MANITOWOC COUNTY
316 W MAIN STREET
VALDERS, WI   54245
920/773-2644
Web Address: www.towneaton.com

Check List Requirements to place Manure Distribution Tank within Town Right of Way

1. Utility Permit Application to be filled out by owner/operator of Manure Distribution Tank. (Permit on Town Web Site at www.towneaton.com)

2. Follow Manual of Uniform Traffic Control Devices (MUTCD) which can be found at **http://mutcd.fhwa.dot.gov/kno-millennium.htm** for work zone signage and installation within the work zone. (Signs shall be at least 48" x 48" with Prismatic Sheeting or Higher Grade intensity)

3. Follow Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) which can be found at **http://mutcd.fhwa.dot.gov/kno-millennium.htm** and the Wisconsin MUTCD Supplement can be found at **http://www.dot.wisconsin.gov/business/engrserv/wmutcd.htm** containing the standards for proper flagging procedures. Flagging personal shall be properly trained and outfitted with approved ANSI Std. Class 3 garments.

4. Flagger STOP/SLOW paddle shall be octagonal, with prismatic sheeting or higher grade intensity at least 18" x 18" with 6" high letters and shall be mounted on a rigid handle. A minimum 5' mounting height is required.

5. Operational hours of Manure Distribution Tank and Equipment within Town Road Right-Of-Way shall be ½ hour after sunrise to ½ hour before sunset. Night operations may be allowed with additional restrictions and proper lighting as per MUTCD. Tank must always be removed from Right-Of-Way any time not in use.

6. All FRAC tanks must me lettered with visible name of operator and phone number.

7. Town Board and Town Road Superintendent must be notified by email when tank is being setup and removed from site. Town Road Superintendent must also be notified if drag lines are located in right-of-way.

8. Cost of repairs to the route utilized and at the dispensing location will be bore by the manure supplier and/or contracted hauler for damages to roadway, edge of roadway, shoulder, ditch foreslope/backslope, right-of-way etc. Operator is responsible for notifying Town by photograph of any existing road damage prior to utilizing the road.

9. Manure Supplier and Contracted Hauler shall follow Insurance Requirements listed below. Liability Insurance. Manure Supplier and Contracted Hauler will maintain such general liability, vehicle liability, and property damage insurance as shall protect the Supplier and Contractor from all claims for liability, damages, personal injury, including accidental death, as well as from claims for property damages which may arise. The minimum amount of insurance shall be as follows:

   A. Farm and/or General Liability Coverage $1,000,000
   General Aggregate
   $ 500,000 each occurrence limit

B. Farm and/or Business Automobile Coverage
Limits - $500,000 each person/$500,000 each accident for Bodily Injury and $100,000 for Property Damage
OR
$1,000,000 Combined Single Limit for Bodily Injury and Property Damage each accident

C. Pollution Liability Coverage
$2,000,000 General Aggregate
$2,000,000 each occurrence limit

Town shall be named as an additional insured on all policies. Manure Supplier and Contracted Hauler shall provide confirmation of coverage by providing a certificate of insurance to the Town prior to commencing distribution activities. All insurance companies shall be licensed to sell insurance in the State of Wisconsin.

Town Email Contact: townofeaton@yahoo.com

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TOWN OF EATON
APPLICATION/PERMIT TO UTILIZE MANURE APPLICATION EQUIPMENT WITHIN TOWN ROAD RIGHT-OF-WAY
JANUARY 1-APRIL 15.   PERMIT FEE IS $100.00
APRIL 16 – DECEMBER 31.   PERMIT FEE IS $250.00

_____Temporary Draglines   _____Roadside Transfer   _____ Permanent Piping

Application Date: _____

Applicant/Company: _____

Address: _____

_____

Office Phone: _____

Mobile Phone: _____

Fee Received: $_____
_____ January 1 to April 15 - $100
_____ April 16 to December 31 - $250
Check Number _____
Permit Number _____
Permit Start Date _____

Location of proposed work: _____

Additional narrative if needed: _____

_____

By: _____ _____ _____
      (Signature of Applicant/Company Authorized Representative)   (Title)   (Date)

_____   _____
  (Printed Name of Person Signing)   (Contact Phone Number)