

ROCK COUNTY EROSION CONTROL NOTIFICATION OF LAND DISTURBANCE

Supplement to General Erosion Control Permit for Private Utility Work

This form shall only be used if a General Permit has been approved within the last year

Additional Permit Fees may be required depending on whether fees were paid in advance with General Permit

General Permit # _____
Supplement # _____

Utility Company: _____

Company Address:

Street or Route _____ Post Office Box _____
City, State, Zip Code _____

A GENERAL EROSION CONTROL PLAN OR PLANS THAT INCLUDES THE BEST MANAGEMENT PRACTICES (BMPs) TYPICALLY USED ON THE LAND DISTURBING ACTIVITIES ANTICIPATED DURING THIS PROJECT HAS BEEN PROVIDED AND APPROVED IN THE FORM OF A GENERAL PERMIT AND THE ASSOCIATED CONDITIONS (4.1108(2)).

Name of Applicant _____ Title of Applicant _____

Signature of Applicant _____ Date _____

-----COMPLETE THE PROJECT SKETCH ON SECOND PAGE-----

Project Information

Type of utility: _____ Approximate length and/or area of disturbance: _____

Location of the planned disturbance (street address or legal description to the ¼ ¼ section): _____

Purpose of the planned land disturbing activity _____

The project shall begin on (date) _____ and be complete by (date) _____

Will there be wastewater associated with this project (i.e. dewatering or drill water)? _____

How will wastewater be treated for sediment? _____

Project Contacts:

Agent, Project Manager or Supervisor:

Name: _____ Title _____

Address (Street or Route) _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____ FAX: _____

Person and/or company responsible for the BMP design:

Name: _____ Title _____

Address (Street or Route) _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____ FAX: _____

Person(s) responsible for installation of the Erosion Control BMPs:

Name: _____ Title _____

Address (Street or Route) _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____ FAX: _____

Person(s) responsible for maintenance of the Erosion Control BMPs:

Name: _____ Title _____

Address (Street or Route) _____

City, State, Zip Code _____

Phone: _____ Cell Phone: _____ FAX: _____

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SUBMIT TO: Rock County Land Conservation Department
440 N. U.S. Hwy 14
Janesville, WI 53546

Phone: (608) 754-6617
Fax: (608) 752-1247
www.co.rock.wi.us

DEPARTMENT USE:

Date received _____ Date processed _____ Acceptable yes ___ no ___ By _____ Fee for this project (\$0.075/foot) _____

