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Effective 12/1/2018, farm inspection frequency re-categorization effective dates and the months of history included will change. See the chart below.

**PERFORMANCE-BASED FARM INSPECTIONS**

<table>
<thead>
<tr>
<th>Frequency Effective Date</th>
<th>Months of History Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>February 1 last year through January 31 this year</td>
</tr>
<tr>
<td>June 1</td>
<td>May 1 last year through April 30 this year</td>
</tr>
<tr>
<td>September 1</td>
<td>August 1 last year through July 31 this year</td>
</tr>
<tr>
<td>December 1</td>
<td>November 1 last year through October 31 this year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once every 3 months</td>
<td>Site Permit Suspension</td>
</tr>
<tr>
<td></td>
<td>Drug Residue Permit Suspension</td>
</tr>
<tr>
<td></td>
<td>SCC Permit Suspension</td>
</tr>
<tr>
<td></td>
<td>SPC Permit Suspension</td>
</tr>
<tr>
<td></td>
<td>Temperature Suspension</td>
</tr>
<tr>
<td></td>
<td>Two Intent to Suspend Inspections</td>
</tr>
<tr>
<td></td>
<td>Two Positive Drug Residue</td>
</tr>
<tr>
<td></td>
<td>Two SCC Confirmed IR</td>
</tr>
<tr>
<td></td>
<td>Two SPC Confirmed IR &gt;750,000</td>
</tr>
<tr>
<td></td>
<td>Two Confirmed IR</td>
</tr>
<tr>
<td>Once every 4 months</td>
<td>One Intent to Suspend Inspection</td>
</tr>
<tr>
<td></td>
<td>One Positive Drug Residue</td>
</tr>
<tr>
<td></td>
<td>One SCC Confirmed IR</td>
</tr>
<tr>
<td></td>
<td>One SPC Confirmed IR &gt;750,000</td>
</tr>
<tr>
<td></td>
<td>Two SCC 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Two SPC 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Two Temperature 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Two SCC &amp; SPC 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Two SCC &amp; Temp 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Two SPC &amp; Temp 2 of 4 Warning Letters</td>
</tr>
<tr>
<td></td>
<td>Current Water Supply Unsafe</td>
</tr>
<tr>
<td>Once every 6 months</td>
<td>One SCC 2 of 4 Warning Letter</td>
</tr>
<tr>
<td></td>
<td>One SPC 2 of 4 Warning Letter</td>
</tr>
<tr>
<td></td>
<td>One Temperature 2 of 4 Warning Letter</td>
</tr>
<tr>
<td></td>
<td>One SCC &gt; 500,000</td>
</tr>
<tr>
<td></td>
<td>One SPC &gt;100,000</td>
</tr>
<tr>
<td></td>
<td>Two SPC &gt;25,000 but &lt;=100,000</td>
</tr>
<tr>
<td></td>
<td>One Temperature &gt; 45</td>
</tr>
<tr>
<td></td>
<td>History less than 12 months</td>
</tr>
<tr>
<td>Once every 12 months</td>
<td>One SPC &gt;25,000 but &lt;=100,000</td>
</tr>
<tr>
<td></td>
<td>Good Job - No violations</td>
</tr>
</tbody>
</table>
# Milk Producer License Status Change

*Wis. Stat. § 97.22*

**Personal information you provide may be used for purposes other than that for which it was collected. Wis. Stat. § 15.04(1)(m)**

<table>
<thead>
<tr>
<th>DAIRY PLANT</th>
<th>DAIRY PLANT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCER NAME</td>
<td>PRODUCER NO.</td>
</tr>
<tr>
<td>COUNTY NAME &amp; NO.</td>
<td>TOWNSHIP NAME &amp; NO.</td>
</tr>
<tr>
<td>LICENSE NO.</td>
<td>CHECK ONE: ☐ GRADE A ☐ GRADE B</td>
</tr>
</tbody>
</table>

1. **Producer Out of Business (no longer milking at this location or sold cows)** ☐
   
   Effective Date:

2. **Temporarily stopped operations:** ☐ Dry cows ☐ Dry Goats/Sheep ☐ Terminated by Plant
   
   **a. Resume operations**
   
   Effective Date:

3. **In-plant patron number change:** Old No. ☐ New No.
   
   **For plants with multiple BTU's, include BTU ID:**

   Effective Date:

4. **Transferred to:**
   
   Plant Name & Location:

   Effective Date:

---

**SIGNATURE OF AUTHORIZED DAIRY PLANT REPRESENTATIVE**

**TODAY’S DATE**

*This form needs to be submitted to DATCP within 3 business days after the effective date.*

The top half of this form is always completed. Complete the appropriate section in the bottom half of the form to indicate which action is taking place.

**Section 1.** Complete if the milk producer has gone out of business or has applied for a new license. Include the effective date.

**Section 2.** Mark the applicable box - Dry Cows, Dry Goats/Sheep or, Terminated by Plant and the effective date. If milk producer is terminated by the plant and does not transfer to another plant within 30 days, the milk producer license will be placed out of business.

**Section 2a.** Mark "Resume operations" and include the effective date.

**Grade A producers** may resume shipping Grade A milk within 60 days of the dry date. The Grade A permit will be voided if the milk producer remains in dry status longer than 60 days. Once the Grade A permit is voided, the milk producer may resume shipping Grade B milk within 180 days of the dry date. To ship Grade A milk, a B to A Inspection is required to obtain a Grade A permit. Contact the Dairy Sanitarian. If the producer remains in dry status for longer than 180 days, the Grade B license will be voided and placed out of business. The milk producer will need to be inspected and approved for a new license in order to resume shipping milk.

**Grade B producers** may remain in dry status for up to 180 days. If dry longer than 180 days, the Grade B license will be voided and placed out of business. The milk producer will need to be inspected and approved for a new license in order to resume shipping milk.

**Section 3.** Complete for all in-plant patron number changes. Fill in old patron number, new patron number and the effective date. For plants with multiple BTU's, include the BTU ID.

**Section 4.** Complete when a milk producer transfers from your plant and the effective date of this action. If you do not know which plant the milk producer transferred to, fill in "UNKNOWN".

The person completing this form needs to sign and date it.
REINSTatement REQUEST

Producer:
- Contact your Dairy Plant Field Representative when ready for reinstatement.
- Complete this form and have available for your Field Representative.

☐ SPC / Inhibitory / Inspection Reinstatement - I request reinstatement of my grade A dairy permit/dairy producer license. As a part of this process, I request a reinspection of my dairy production facilities to determine whether the conditions which caused the suspension of my permit/license are now in compliance. I certify that all cited conditions are now in compliance.

☐ SCC Reinstatement - I request reinstatement of my grade A dairy permit/dairy producer license. I certify that all SCC qualities are now in compliance.

This institution is an equal opportunity provider.

Personal information you provide may be used for purposes other than that for which it was collected ( Wis. Stat. § 15.04(1)(m)).

Reinstatement after an SPC or Inhibitory Degrade:
- Reinstatement Request form is to be completed and signed by the milk producer.

- **SPC Degrade:** An SPC result equal to or less than 100,000 with a negative antibiotic is required. The sample date must be after the effective date of the permit suspension, and the sample is to be tested at a certified lab.

  Or

  **Inhibitory Degrade:** A signed Certificate of Completion for drug residue prevention protocol.

- Contact the Dairy Sanitarian to schedule an inspection. The inspection will be conducted within 7 days of DATCP receiving the request. Have the Reinstatement Request form and complying lab result or the signed Certificate of Completion available at the farm for the Dairy Sanitarian.

Reinstatement after an SCC Degrade:
- Reinstatement Request form is to be completed and signed by the milk producer.

- An SCC result equal to or less than 750,000 is required. The sample date must be after the effective date of suspension and the sample is to be tested at a certified lab.

- Submit Reinstatement Request form and complying lab test result to DATCP. If approved, the Grade A Permit will be reinstated within 7 days of DATCP receiving the request.
MILK PRODUCER LICENSE APPLICATION

Wis. Stat. § 97.22

CHECK ALL APPROPRIATE ITEMS (please print or type):

LICENSE TYPE (check all that apply):
☐ Milk Producer License
☐ Grade A Permit
☐ Robotic Milking System (AMI)
☐ Canned Milk
☐ Other:____

TYPE OF MILK:
☐ Cow
☐ Goat
☐ Sheep
☐ New Milk Producer (Individual or Entity)

FEE REQUIRED:

LICENSE AMENDMENT - NO FEE REQUIRED:
☐ Add Grade A Permit
☐ Plant Transfer
☐ Voluntary A to B (Patron Initials ____)
☐ Mailing Address Correction
☐ Spousal Name Change
☐ Existing Partnership Addition
☐ Existing Partnership Deletion

☐ Multiple licenses at farm (indicate other license #s):

LICENSE: ____

PRODUCE:____

Do you grow produce to sell?
☐ Yes
☐ No

APPLICANT’S LEGAL NAME: (PARTNERSHIPS: LIST ALL PARTNERS – Legal name as shown on Birth Certificate or SS# Card). OTHER: LIST LEGAL NAME OF CORPORATION, LLC, LLP OR COOPERATIVE

FARM NAME: (OPTIONAL) (CANNOT BE USED WITHOUT APPLICANT’S NAME)

TELEPHONE NUMBER

CURRENT LICENSE NO.

COMPLETE MAILING ADDRESS STREET

CITY

STATE

ZIP

DAIRY FARM ADDRESS STREET(IF DIFFERENT)

CITY

STATE

ZIP

COUNTY NAME & NO.

TOWN NAME & NO.

SECTION NO.

I, the undersigned, hereby make application for a Milk Producer license and/or Grade A permit for the production and sale of raw milk. If a license and/or permit is issued, I agree to the inspection of this dairy operation by authorized personnel of the department at any reasonable hour, and understand that refusal of any part of an inspection will result in suspension or revocation of my license and/or permit. I agree to conduct operations and maintain premises in accordance with the laws of Wisconsin. I understand that I may not sell or distribute milk as Grade A milk unless I also hold a Grade A farm permit. Milk producer licenses and permits are required by Wis. Stat. § 97.22. Penalties are prescribed in Wis. Stat. § 97.72, and Wis. Adm. Code ch. ATCP 65. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1)(m)).

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE

For Plants with multiple BTU’s include BTU ID:

PREVIOUS DAIRY PLANT NAME & NUMBER

LOCATION OF PREVIOUS DAIRY PLANT

PREVIOUS PATRON NUMBER:

I have inspected the producer’s dairy operation and water supply and find the producer’s operation in compliance with Wisconsin milk producer requirements. I agree to keep this producer fully informed of all (APPROPRIATE) Wisconsin milk producer production and handling requirements.

FIELDPERSON’S SIGNATURE

EFFECTIVE DATE

TEMP. LICENSE NO.:____

APPROVED:

DATE RECEIVED:

LICENSE NO.:____

COMPLETE REVERSE SIDE
**WATER SUPPLY REPORT** - To be Completed and Signed by Fieldperson for All Applicants

**Safe Water Sample** (Copy must be attached) Date: __________ Lab: __________

<table>
<thead>
<tr>
<th>TYPE OF WELL</th>
<th>Drilled</th>
<th>Driven</th>
<th>Pit</th>
<th>Spring Box</th>
<th>Non Pressurized Well Reservoir</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Year constructed:</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has Department of Natural Resources evaluated this well?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>If yes, does producer have letter?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are all stock watering devices and plumbing fixtures in compliance with the Wis. Admin. Code ch. SPS 382?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Field Representative complete section below for Milk Producer Application

- Farms with a **Spring Box** or **Non Pressurized Well Reservoir** are required to be approved by the DNR and must submit the DNR NR 812 Compliance Report with this application. The Compliance Report can be found at [http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf](http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf)
- The minimum distance separating wells or reservoirs from sources of contamination required in *Wis. Admin. Code Ch. NR 812*. If **wells do not meet the distance requirements** of NR 812, the well needs to be assessed by the DNR, a well driller, pump installer or well inspector prior to licensing. The well assessor must complete DNR NR 812 Compliance Report and submit it with this application. The Compliance Report can be found at [http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf](http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf)
- If multiple wells are located on premises a water supply report needs to be filled out for each additional well.
- Fill in all blanks with number of feet from each source of contamination or with N.A. where it does not apply.

<table>
<thead>
<tr>
<th>8 FEET MINIMUM:</th>
<th>50 FEET MINIMUM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Non-Complying well pit</td>
<td>1. Animal yard including calf hutches</td>
</tr>
<tr>
<td>2. Nonconforming reservoir (Water)</td>
<td>2. Animal barn/pen-covered area where animals are kept</td>
</tr>
<tr>
<td>3. Storm Sewer</td>
<td>3. Milkhouse drain outlet</td>
</tr>
<tr>
<td>4. Above/Below-ground swimming pool</td>
<td>4. Vegetated treatment area</td>
</tr>
<tr>
<td>5. Plastic silage storage tube</td>
<td>5. Silo with pit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25 FEET MINIMUM:</th>
<th>100 FEET MINIMUM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Buried grease interceptor</td>
<td>1. Manure reception tank or hopper (Liquid Tight)</td>
</tr>
<tr>
<td>2. POWTS Holding component (Holding Tank)</td>
<td>2. Cemeteries</td>
</tr>
<tr>
<td>3. POWTS Treatment component (Septic Tank)</td>
<td>8. Silos without pit, but with concrete floor and drain</td>
</tr>
<tr>
<td>4. Lake, Stream or River Shoreline</td>
<td>9. Barn gutters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>250 FEET MINIMUM:</th>
<th>1,200 FEET MINIMUM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Existing or proposed sanitary land fill site</td>
<td>1. Landfill site (Existing, Proposed or Abandoned)</td>
</tr>
<tr>
<td><em>(Ridge and furrow, land spreading, wastewater spray irrigation, absorption, seepage retention, storage and treatment pond, lagoon or a wastewater slow sand filter or filters)</em></td>
<td></td>
</tr>
</tbody>
</table>

I certify the information given is accurate and the well location and construction is in compliance with the Wisconsin Well Code NR 812.*

---

*Available from: DNR, Bureau of Water Supply, 101 S. Webster, Madison, WI 53703 - Phone 608-266-0821*
PLEASE READ THIS IMPORTANT NOTICE

PLEASE COMPLETE THIS FORM AND MAIL TO:

Division of Food and Recreational Safety
718 Clairemont Ave. Suite 128
Eau Claire, WI 54701-6143

Sec. 93.135, Wis. Stats., requires the department to collect the Social Security Number (SSN) of every Sole Proprietor or Individual applying for an original or renewal, license registration or certificate. This requirement DOES NOT APPLY to General Partnerships; however, they must provide a copy of their legal partnership agreement to show they are exempt.

IT ALSO DOES NOT APPLY to the following which are registered with the Department of Financial Institutions. Limited Partnerships, Limited Liability Partnerships (LLP), Limited Liability Companies (LLC), Corporations or Cooperatives. Please do not substitute a Federal Employer Identification Number for the Social Security Number, even if you are an individual that holds both numbers.

The department is required by law, to provide the collected Social Security Numbers to the Department of Workforce Development. The collection of SSNs and the provision of SSNs to the Department of Workforce Development will be done in a manner which will protect the confidentiality of SSNs. They will be encrypted in the department’s computer system before the SSNs are provided to the Department of Workforce Development.

BY LAW, THE DEPARTMENT MAY NOT ISSUE OR RENEW A LICENSE UNTIL THE LICENSEE PROVIDES THEIR SSN.

(Please remember that if a married couple is listed on the license, both SSN’s must be provided)

Licensee’s Name______________________________________________________________

Spouse’s Name (if listed on License) ____________________________________________

“Doing Business As” (if applicable)______________________________________________

License Number________________________

Social Security Number (Individuals Only) _ _ _ _ _ _ _ _ _ _

Social Security Number (Spouse if on License) _ _ _ _ _ _ _ _ _ _

* Any personally identifiable information, as defined under s. 19.62(5), Stats., requested on this form may in the future, be used for purposes other than that for which it is originally being collected, as stated above. To do this would require a new law to be passed by the legislature.
AFFIDAVIT
for Identifying General Partnerships

Instructions: Complete ALL information requested below. Swear or affirm to the contents of this affidavit and sign before a notary public, who will sign and impress a notarial seal or seal of office as applicable on the notarial certificate below.

If the information provided in this affidavit cannot be verified by the Department, then the application for a license may be denied.

STATE OF WISCONSIN
COUNTY OF _____________________

_______________________________, being first duly sworn on oath, deposes and states as follows:

1) I make this affidavit for the purpose of verifying the existence of a general partnership which is seeking a license from the Wisconsin Department of Agriculture, Trade and Consumer Protection, Division of Food and Recreational Safety.

2) The name of the general partnership is:

_________________________________, a Wisconsin Partnership

3) I am a partner in said general partnership.

4) The other partner(s) in said general partnership and their addresses are as follows:

________________________________________
________________________________________
________________________________________
________________________________________

Subscribed and sworn to before me this _____ day of ____________, 20____

__________________________________
(SIGNATURE OF NOTARY)
__________________________________
(Print Name of Notary)
Notary public, State of Wisconsin
My commission expires ______________
Milk Producer Application Form Uses

A legible form is important. Please type or print neatly. The top two-thirds of the form is always completed by the field representative. The patron and the field representative must sign this form. For a plant transfer, address correction, spousal name change, or existing partnership additions, send the completed application to:

DATCP – DFRS
718 W. Clairemont Ave., Suite 128
Eau Claire, WI 54701

If the box is marked for a new producer license, a “B to A”, or an ownership change, an inspection is required. In these cases, the field representative will need to contact the dairy sanitarian. Keep the paperwork at the farm, available for the dairy sanitarian. A fee and inspection are required for a new producer and/or ownership change.

Note: A livestock premises registration identification number is required on all milk producer license applications for a new producer and/or ownership change. For more information on premises registration, call 608-224-4872 or 888-808-1910.

Licensing and Grade A Permits for County Fairs and Temporary Events

County fairs and temporary events that intend to sell milk that is collected during the fair or event are required to be licensed. A Grade A permit is required to ship Grade A milk. Dairy facilities for fairs and temporary events must be relicensed and re-permitted every year or for each event during a year. The same procedures apply for licensing and permitting of dairy facilities for fairs and temporary events that apply to dairy farms. An out of business status change form is required when the fair or temporary event is over. Official quality of milk from the fair or event is also required to be tested and submitted to DATCP. Contact your dairy sanitarian two to three weeks prior to the event to arrange for a licensing inspection.

Multiple Licenses at One Farm Location

If multiple dairy producer licenses are held at one farm location, the following guidelines are to be used:

- If the separately licensed entities share any of the following, both licenses and permits (Grade A) will be equally affected:
  - Herd
  - Barn
  - Milking facility
  - Bulk tank
  - Milking equipment
- Additionally, the following must be taken into consideration:
  - Multiple licensed entities at one location may ship to different plants. However, in this case, only one license may be permitted as Grade A to insure only one bulk tank unit (BTU) is affected for state and federal survey purposes.
  - Multiple licenses at one location may be permitted as Grade A only if shipping to the same dairy plant.
  - Sampling and testing for quality (SCC or SPC), drug residue, water results, and site inspection results will affect all licenses at the same location.

Multiple Species at One Farm Location

When there are multiple species shipping milk at one farm location, a separate license is required for each species.
Request for New Grade B License or Grade A Permit with License

Complete the milk producer license application as follows (numbers below correspond to the sample milk producer license application):

1. Check the appropriate license type.
2. Check the appropriate type of milk.
3. Check new producer and enter premises ID.
4. Check the appropriate box regarding growing produce to sell.
5. Not applicable.
6. If the facility currently holds another license, list the current license number/s.
7. Check the appropriate entity type.
8. Print the legal applicant name as it should appear on the license/permit.
9. Print farm name, if applicable, or current name on license if applying for a name change.
10. Print the producer's telephone number.
11. Not applicable.
12. Print the producer's mailing address.
13. If the farm address is different than the mailing address, print farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. The application will be returned if it is not signed.
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Not applicable.
18. For plants with multiple BTU’s, include BTU ID.
19. Fieldperson must sign here. The application will be returned if it is not signed.
20. Print the effective date of requested action.
21. The entire back side of the application must be completed and signed by the fieldperson.

Note: Farms with non-pressurized storage vessels (NPSV) and/or spring boxes must either include DNR approval or a signed Conditional License Voluntary Compliance Agreement.

A complete application will include the following:
- Current negative well water test, within two years.
- Current negative cooling water test, within six months (if applicable, to be posted at the farm).
- Farms with non-pressurized storage vessels (NPSV) and/or spring boxes must either include DNR approval or a signed Conditional License Voluntary Compliance Agreement.
- Signed fieldperson’s inspection.
- A completed status change form putting the previous license out of business (if applicable).
- Individual and married couples, include Social Security number form.
- Partnerships include the partnership agreement, Internal Revenue Service Form 1065 coversheet or partnership affidavit.
- Business entities such as LLC, LLP, Inc., etc. will be verified with Department of Financial Institutions. If registered out-of-state, include certificate of proof.
- Trust or estates include the coversheet of the trust or estate document.
- Contact your dairy sanitarian to schedule an inspection.
- To obtain or update a premises ID code, call the Wisconsin Livestock Identification Consortium at 888-808-1910.
- Milk quality tests
  - Sample and report milk quality tests, include: SPC, SCC, antibiotics, and temperature from first pickup and report results to DATCP within seven days.
Obtaining a Temporary License

Contact the dairy sanitarian to schedule a licensing inspection. If the dairy sanitarian cannot inspect the farm prior to the first pickup, a temporary license may be issued to facilitate the sanitarian’s work schedule.

- Fax the license application paperwork to the Eau Claire office at 715-839-3867. Then call the office at 715-839-8344 to make sure it was received. Indicate the date of the first milk pickup and that you have scheduled an inspection with the dairy sanitarian.
- A temporary license may be issued by any authorized DATCP employee upon receipt of the following documents:
  - Completed and signed milk producer application with “New Producer/Ownership change” box checked at the top of the form (see instructions under Request for New Grade B License or Grade A permit with License).
  - Current negative water test result within two years
  - Current negative cooling water within six months (if applicable, to be posted at the farm)
  - Signed fieldperson’s inspection.
  - Social Security number/s for individual or married couple.
  - Farms with non-pressurized storage vessels (NPSV) and/or spring boxes must either include DNR approval or a signed Conditional License Voluntary Compliance Agreement.

- A temporary license must be issued before the first milk pickup is scheduled. A temporary license shall be effective on date of the first scheduled milk shipment.
- The temporary license information will be distributed to the assigned dairy sanitarian.
- With a temporary license, only Grade B milk may be shipped.
Request a Grade A Permit for an Existing Grade B Farm (B to A)

Complete the milk producer application as follows (numbers below correspond to sample milk producer application):

1. Check the appropriate license type.
2. Check the appropriate type of milk.
3. Not applicable.
4. Check the appropriate box regarding growing produce to sell.
5. Check “Add Grade A Permit.”
6. If the facility holds more than one license list other license number/s.
7. Check the appropriate entity type.
8. Print the legal applicant name as it should appear on the license/permit.
9. Print farm name, if applicable, or current name on license if applying for a name change.
10. Print the producer’s telephone number.
11. Print the current license number.
12. Print the producer’s mailing address.
13. If the farm address is different than the mailing address, print farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. The application will be returned if it is not signed.
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Print the previous plant name and number, the location (city) of the previous plant, and the patron number (if applicable).
18. For plants with multiple BTU’s, include BTU ID.
19. Fieldperson must sign here. The application will be returned if it is not signed.
20. Print the effective date of requested action.
21. The entire back side of the application must be completed and signed by the fieldperson.

A complete application will include the following:

- Current negative well water test, within two years.
- Current negative cooling water test, within six months (if applicable, to be posted at the farm).
- Signed fieldperson’s inspection.
- Contact your dairy sanitarian to schedule a “B to A” inspection.
Plant Transfer
Mail or fax the completed milk producer application to the Eau Claire office within three business days of the milk producer's first pickup. Fax and mailing information is listed at the top of the application.

Complete the milk producer application as follows (numbers below correspond to sample milk producer application):
1. Check the appropriate license type.
2. Check the appropriate type of milk.
3. Not applicable.
4. Check the appropriate box regarding growing produce to sell.
5. Check plant transfer.
6. If the facility holds more than one license list other license number/s.
7. Check the appropriate entity type box.
8. Print the legal applicant name as it should appear on the license/permit.
9. Print farm name, if applicable, or current name on license if applying for a name change.
10. Print the producer's telephone number.
11. Print the current license number.
12. Print the producer's mailing address.
13. If the farm address is different than the mailing address, print farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. The application will be returned if it is not signed.
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Print the previous plant name and number, the location (city) of the previous plant, and the patron number.
18. For plants with multiple BTU's, include BTU ID.
19. Fieldperson must sign here. The application will be returned if it is not signed.
20. Print the effective date of requested action.
21. Not applicable.

Milk quality tests:
Sample and report milk quality tests, include: SPC, SCC, antibiotics, and temperature from first pickup and report results to DATCP within seven days.
Address Correction
If the farm address has been changed by the post office (the location of the farm must remain the same), or if the mailing address has changed, mail or fax the completed milk producer application to the Eau Claire office. Fax and mailing information is listed at the top of the application.

Complete the milk producer application as follows (numbers below correspond to sample milk producer application):
1. Check the appropriate license type.
2. Check the appropriate type of milk box.
3. Not applicable.
4. Check the appropriate box regarding growing produce to sell.
5. Check the “Mailing Address Correction” box.
6. If the facility holds more than one license list other license number/s.
7. Check the appropriate entity type. This must remain the same as the original application. To change the entity type, a new farm application and inspection must be done.
8. Print the legal applicant name as it should appear on the license/permit.
9. Print farm name, if applicable, or current name on license if applying for a name change.
10. Print the producer’s telephone number.
11. Print the current license number.
12. Print the producer’s new mailing address.
13. If the farm address is different than the mailing address, print the new farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. The application will be returned if it is not signed.
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Print the previous plant name and number, the location (city) of the previous plant, and the patron number.
18. For plants with multiple BTU’s, include BTU ID.
19. Fieldperson must sign here. The application will be returned if it is not signed.
20. Print the effective date of requested action.
Spousal Name Change
Mail or fax the completed milk producer application to the Eau Claire office. Fax and mailing information is listed at the top of the application.

Complete the milk producer application as follows (numbers below correspond to sample milk producer application):
1. Check the appropriate license type.
2. Check the appropriate type of milk.
3. **Not applicable.**
4. Check the appropriate box regarding growing produce to sell.
5. Check the box for “Spousal Name Change.” A spouse may be added or deleted without an inspection.
6. If the facility holds more than one license list other license number/s.
7. Check the “Individual/Married Couple” entity type box.
8. Print the new legal applicant name as it should appear on the license/permit. Include the completed Social Security number form if a spouse is being added to the license.
9. Print farm name, if applicable, and/or current name on license if applying for a name change.
10. Print the producer’s telephone number.
11. Print the current license number.
12. Print the producer’s mailing address.
13. If the farm address is different than the mailing address, print farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. **The application will be returned if it is not signed.**
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Not applicable.
18. For plants with multiple BTU’s, include BTU ID.
19. Fieldperson must sign here. **The application will be returned if it is not signed.**
20. Print the effective date of requested action.
21. **Not applicable.**
Existing Partnership Addition or Deletion

Mail or fax the completed milk producer application to the Eau Claire office within 3 business days of the milk producer’s first pickup. Fax and mailing information is listed at the top of the application.

Complete the milk producer application as follows (numbers below correspond to sample milk producer application):

1. Check the appropriate license type.
2. Check the appropriate type of milk.
3. Not applicable.
4. Check the appropriate box regarding growing produce to sell.
5. Check the box for Existing Partnership Addition or Existing Partnership Deletion. If a legal partnership already exists, legally adding or deleting a partner does not require a new farm application and inspection.
6. If the facility holds more than one license list other license number/s.
7. Check the appropriate partnership entity type box. This must be the same as the original application. To change the entity type, a new farm application and inspection must be done.
8. Print the legal applicant name as it should appear on the license/permit. List all partners.
9. List all partners on the license prior to the requested change and print farm name if applicable.
10. Print the producer’s telephone number.
11. Print the current license number.
12. Print the producer’s mailing address.
13. If the farm address is different than the mailing address, print farm address here.
14. Print county name and number, township name and number, and section number.
15. Have applicant or authorized representative sign and date the application. The application will be returned if it is not signed.
16. Print the plant name and number, the location (city) of the plant, and the patron number.
17. Print the previous plant name and number, the location (city) of the previous plant, and the patron number. Complete only if this is also an application for transfer.
18. For plants with multiple BTU’s, include BTU ID.
19. Fieldperson must sign here. The application will be returned if it is not signed.
20. Print the effective date of requested action.
21. Not applicable.
Ownership Changes
Any legal change of ownership of a milk producer license or Grade A permit requires a new license application, a fee, and an inspection. Examples of ownership changes include:

<table>
<thead>
<tr>
<th>Ownership Structure Change</th>
<th>Current ownership is one of the following:</th>
<th>If current ownership changes to any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Individual or married couple</td>
<td>- Individual or married couple</td>
<td></td>
</tr>
<tr>
<td>- General partnership</td>
<td>- General partnership</td>
<td></td>
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<tr>
<td>- Corporation</td>
<td>- Adding or deleting a partner</td>
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<tr>
<td>- Cooperative</td>
<td>- LLP</td>
<td></td>
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<tr>
<td>- Trust</td>
<td>- LLC</td>
<td></td>
</tr>
<tr>
<td>- Limited Liability Company (LLC)</td>
<td>- Corporation</td>
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<tr>
<td>- Limited Liability Partnership (LLP)</td>
<td>- Cooperative</td>
<td></td>
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<td></td>
<td>- Trust</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Estate</td>
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</tr>
</tbody>
</table>

Exceptions to legal ownership changes of a milk producer license or Grade A permit, which do not require a fee or an inspection, include:

- When an individual milk producer dies, their license number can be transferred into their spouse’s name without an inspection. For any other family member wishing to take over the milking operation, a new farm licensing inspection is required.
- Adding a spouse to a license held by an individual.
- Deleting or changing a spouse on a license held by a married couple.
- Adding or deleting a partner to an existing license. This does not apply to general partnership licenses.
- Changes in shareholders of a corporation or members of a LLC or cooperative does not constitute an ownership change. If the license is held by only a corporation, cooperative, LLP, or LLC, those entities must be dissolved to create an ownership change.
- In some cases, trusts or estates hold licenses. When a trust is dissolved and transfers the license to an individual or entity, that action should be considered a change in ownership. Estates are more difficult to determine. Contact the Eau Claire office at 715-839-3844 for more information.
### MILK PRODUCER APPLICATION

**Wis. Stat. § 97.22**

For an Individual or Married Couple Claiming a Religious Exemption From Livestock Premises Registration

A Statement for Religious Exemption (Form F-fd-007A) may also be required (see below)*

#### CHECK ALL APPROPRIATE ITEMS:
- Individual or Sole Proprietor
- Married Couple

**LICENSE TYPE:**

- [ ] Grade A
- [ ] Grade B

**TYPE OF MILK:**
- [ ] Cow
- [ ] Goat
- [ ] Sheep
- [ ] Other:

**CANNED MILK:**
- [ ] Yes
- [ ] No

**FEE (Statement F-fd-007A required):**
- [ ] New Producer/Ownership change

**NO FEE (Statement F-fd-007A not required):**
- [ ] Add Spouse
- [ ] Plant Transfer
- [ ] Spousal Name Change

**Do you grow produce to sell?**
- [ ] Yes
- [ ] No

**PRINT APPLICANT’S FULL NAME (If applying as married couple, then also list spouse’s full name in shaded box.):**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>FIRST NAME (Spouse)</th>
<th>MIDDLE NAME (Spouse)</th>
<th>LAST NAME (Spouse)</th>
<th>SUFFIX (Spouse)</th>
</tr>
</thead>
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</table>

**FARM NAME (Optional)—CANNOT BE USED WITHOUT APPLICANT’S NAME:**

- FORMER NAME(S) ON LICENSE OR PERMIT (If applying for name change or to add spouse)
- CURRENT LICENSE NO. (If applicable)

**COMPLETE MAILING ADDRESS:**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

**EMERGENCY PHONE NO. (Can be for applicant or applicant’s neighbor):**

**COMPLETE FARM ADDRESS (May write “same as above” if applicable):**

<table>
<thead>
<tr>
<th>COUNTY NAME &amp; NO.</th>
<th>TOWN NAME &amp; NO.</th>
<th>SECTION NO.</th>
</tr>
</thead>
</table>

**CHECK ALL LIVESTOCK KEPT AT FARM:**

- [ ] Swine
- [ ] Goats
- [ ] Horses, mules, donkeys, and/or other equines
- [ ] Poultry (chickens, turkeys, geese, and/or game birds raised for hunting)
- [ ] Fish (includes all fish kept at a fish farm under Wis. Admin. Code s. ATCP 10.61)
- [ ] Deer, elk, moose, caribou, reindeer, musk deer, and/or other cervids
- [ ] Bison
- [ ] Sheep
- [ ] Llamas, alpacas, and/or other camelids
- [ ] Beef Cattle
- [ ] Dairy Cattle

I, the undersigned, hereby make application for a Milk Producer License for the production and lawful sale of raw milk. I agree to the inspection of this dairy operation by authorized personnel of the department at any reasonable hour, and understand that refusal of any part of an inspection will result in suspension or revocation of my license and/or permit.

I understand I am subject to the laws of the state of Wisconsin concerning activities of a milk producer. I understand that I may not sell or distribute milk as Grade A milk, unless I also hold a Grade A farm permit. Licenses are not transferable between persons (including family members) or locations. Milk producer licenses and permits are required by Wis. Stat. § 97.22. Penalties are prescribed in Wis. Stat. § 97.72 and Wis. Admin. Code Ch. ATCP 65. If additional livestock types are obtained, the undersigned will contact the department within 7 days to state what livestock are being kept by the milk producer. Any personally identifiable information, as defined under Wis. Stat., § 19.65, requested on this form may be used for purposes other than that for which it is originally being collected (Wis. Stat., §15.04 (1) (m)). Confidentiality of this information will be maintained to the extent authorized by law.

**DATE**

**SIGNATURE OF APPLICANT(S)**

**FIELDPERSON’S RECOMMENDATION**

**DAIRY PLANT NAME & NO.:**

**LOCATION OF DAIRY PLANT**

**PATRON NO.:**

**For Plants with multiple BTU’s include BTU ID:**

**PREVIOUS DAIRY PLANT NAME & NO.:**

**LOCATION OF PREVIOUS DAIRY PLANT**

**PREVIOUS PATRON NO.:**

I have inspected the applicant’s dairy operation and water supply and find the applicant’s operation in compliance with Wisconsin milk producer requirements. I agree to keep this producer fully informed of all Wisconsin milk producer production and handling requirements.

**EFFECTIVE DATE**

**FIELDPERSON’S SIGNATURE**

**FOR DEPARTMENT USE ONLY**

**Temporary License** Issued by Office [ ] __________ (Initials)

**SANITARIAN SIGNATURE**

**DATE**

**DATE APPLICATION RECEIVED**

**DATE APPLICATION APPROVED FOR INSPECTION**
WATER SUPPLY REPORT - To be Completed and Signed by Fieldperson for All Applicants

<table>
<thead>
<tr>
<th>Safe Water Sample (Copy must be attached)</th>
<th>Date:</th>
<th>Lab:</th>
</tr>
</thead>
</table>

**TYPE OF WELL** (check)
- [ ] Drilled
- [ ] Driven
- [ ] Pit
- [ ] Spring Box
- [ ] Non Pressurized Well Reservoir
- [ ] Other

<table>
<thead>
<tr>
<th>Location:</th>
<th>Year constructed:</th>
<th>[ ] Unknown</th>
</tr>
</thead>
</table>

Has Department of Natural Resources evaluated this well?
- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, does producer have letter?
- [ ] Yes
- [ ] No

Are all stock watering devices and plumbing fixtures in compliance with the Wis. Admin. Code ch. SPS 382?
- [ ] Yes
- [ ] No

Field Representative complete section below for Milk Producer Application

- Farms with a **Spring Box** or **Non Pressurized Well Reservoir** are required to be approved by the DNR and must submit the DNR NR 812 Compliance Report with this application. The Compliance Report can be found at [http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf](http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf)
- The minimum distance separating wells or reservoirs from sources of contamination required in *Wis. Admin. Code Ch. NR 812.*
- If **wells do not meet the distance requirements** of NR 812, the well needs to be assessed by the DNR, a well driller, pump installer or well inspector prior to licensing. The well assessor must complete DNR NR 812 Compliance Report and submit it with this application. The Compliance Report can be found at [http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf](http://dnr.wi.gov/files/PDF/forms/3300/3300-305.pdf)
- If multiple wells are located on premises a water supply report needs to be filled out for each additional well.
- Fill in all blanks with number of feet from each source of contamination or with N.A. where it does not apply.

### 8 FEET MINIMUM:
- 1. Non-Complying well pit
- 2. Nonconforming reservoir (Water)
- 3. Storm Sewer
- 4. Above/Below-ground swimming pool
- 5. Plastic silage storage tube

### 25 FEET MINIMUM:
- 1. Buried grease interceptor
- 2. POWTS Holding component (Holding Tank)
- 3. POWTS Treatment component (Septic Tank)
- 4. Lake, Stream or River Shoreline
- 5. Sewers conveying manure liquids (Gravity/Pressure)

### 50 FEET MINIMUM:
- 1. Animal yard including calf hutch(es)
- 2. Animal barn/pen-covered area where animals are kept
- 3. Milkhouse drain outlet
- 4. Vegetated treatment area
- 5. Silo with pit

### 100 FEET MINIMUM:
- 1. Manure storage structure (Fabricated, Liquid Tight)
- 2. Gasoline or other petroleum or L.P. Tank (Buried)

*(Does not apply to L.P. tanks and wells serving single family residences)*

### 250 FEET MINIMUM:
- 1. Existing or proposed sanitary land fill site

*(Ridge and furrow, land spreading, wastewater spray irrigation, absorption, seepage retention, storage and treatment pond, lagoon or a wastewater slow sand filter or filters)*

### 1,200 FEET MINIMUM:
- 1. Landfill site (Existing, Proposed or Abandoned)

I certify the information given is accurate and the well location and construction is in compliance with the Wisconsin Well Code NR 812.*

---

**FIELDPERSON'S SIGNATURE**

---

*Available from: DNR, Bureau of Water Supply, 101 S. Webster, Madison, WI 53703 - Phone 608-266-0821*
**Instructions:** Complete ALL information requested below. Affirm to the contents of this statement form and sign before a notary public, who will impress a notarial seal or seal of office as applicable on the notarial certificate below.

This form must be submitted with DATCP Form F-d-007 (Milk Producer Application For an Individual or Married Couple Claiming a Religious Exemption From Livestock Premises Registration) when seeking a milk producer license but asserting a religious exemption from livestock premises registration law, Wis. Stat. s. 95.51. It must be completed by an individual. If a married couple is seeking a milk producer license, at least one spouse must submit this form with DATCP Form Fd-007.

If the information provided in this form cannot be verified by the Department, then the application for a milk producer license may be denied.

**STATEMENT FOR RELIGIOUS EXEMPTION**

STATE OF WISCONSIN) ) ss.
COUNTY)

County where this form is signed

I, _______________________________, affirm that the following facts are true:

1. I am an adult resident of __________________________ County, Wisconsin, who is applying for a milk producer license at _______________________________.

2. I reside at _______________________________.
   Home Mailing Address (If same as the address directly above, you may write “same as above”)

3. Since ______________________, I continuously have been a member of the recognized religious group/district/congregation known as _______________________________.
   Religious Group/District/Congregation Name (e.g., Old Order Amish)

4. As a member of this religious group/district/congregation, I follow its established tenets and teachings, which include a sincerely held religious belief opposing registration of a livestock premises under Wis. Stat. s. 95.51(2).

5. The name of the authorized representative of my religious group/district/congregation who can verify my religion’s opposition to registering a livestock premises under Livestock Premises Registration law, Wis. Stat. s. 95.51(2), is _______________________________, whose religious title is _______________________________, and who can be contacted at:

   Mailing Address ________________________________
   City ________________________________ State __________ Zip ________________________________

   Phone Number (Optional But May Expedite Application) ________________________________

   Signed and affirmed before me ________________________________
   Signature of Producer Seeking Exemption ________________________________
   on ________________________________
   Printed Full Name ________________________________

   by ________________________________
   Producer’s Name ________________________________

   Signature of Notarial Officer, State of Wisconsin ________________________________

   Print Name of Notary ________________________________
   My commission expires ________________________________
Statement to Comply with s. 93.135(1m), Stats.

The Department of Agriculture, Trade and Consumer Protection is providing this form to you to comply with s. 93.135(1m), Stats., for individuals who are applying for a license listed under s. 93.135(1), Stats., and DO NOT have a Social Security number. If an individual who applies for a license listed under s. 93.135(1), Stats., does not have a Social Security number, the individual, as a condition of obtaining that license, shall submit a statement to affirm that the individual does not have a Social Security number. The form of the statement shall be prescribed by the Department of Children and Families. A license issued in reliance upon a false statement submitted is invalid.

<table>
<thead>
<tr>
<th>Full Name of Applicant: (First)</th>
<th>(Middle)</th>
<th>(Last)</th>
<th>(Maiden)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>(Street)</th>
<th>(Apt)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
</tr>
</thead>
</table>

Mailing Address (if different than above):

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>License Applying For:</th>
</tr>
</thead>
</table>

Statement

I hereby attest that I cannot supply a Social Security number because: (please check one of the following)

[  ] I have an approved IRS Form 4029 (exemption from paying Social Security taxes).

[  ] I have not received a Social Security Number or approved IRS Form 4029 at any time.

(You may be contacted for additional information).

If at any time in the future if I apply for a Social Security number, I will provide it to the Department of Agriculture, Trade and Consumer Protection within 30 days of receipt.

I understand that providing a false statement automatically makes an application for a license invalid. Therefore, any and all licenses issued as a result will also be invalid, and I may be subject to penalties under s. 946.32, Stats., and for operating without a valid license under s. 93.135(1m)(b), Stats., subject to penalties under the applicable licensing statute.

__________________________________________________________________________

Applicant Signature

Subscribed and affirmed to before me

this _______ day of __________

in the year ________.

My commission is permanent____ expires __________

The completed notarized form must be submitted with your application to the Department of Agriculture, Trade and Consumer Protection.

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. Statutes, s. 49.83].
# CONDITIONAL LICENSE VOLUNTARY COMPLIANCE AGREEMENT

<table>
<thead>
<tr>
<th>LICENSE HOLDER NAME</th>
<th>TRADE NAME (DBA)</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>LOCATION STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tbody>
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<table>
<thead>
<tr>
<th>LICENSE TYPE</th>
<th>LICENSE NUMBER</th>
<th>□ NEW LICENSE</th>
<th>DATE OF INSPECTION</th>
</tr>
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## The Parties agree to the following:

1. The Wisconsin Department of Agriculture, Trade and Consumer Protection, through its Division of Food and Recreational Safety (DFRS), will issue a conditional license to the above listed license holder, pursuant to Wis. Stat. § 93.08, upon signing of this Voluntary Compliance Agreement (VCA) authorized by Wis. Stat. § 97.12(3) (a).

2. The following condition will be placed on the license with a specified date for satisfying the condition no later than 180 days from date of issuance (check either a. or b. below):

   - □ a. Non-Pressurized Storage Vessel (NPSV) Only: The milk producer shall contact a Department of Natural Resources (DNR) licensed well driller, pump installer or well inspector to conduct a well inspection and obtain a completed DNR compliance report stating that the well is in compliance with NR 812. Once the well is in compliance, the milk producer will contact a DNR Water Supply Specialist to have the NPSV intended for use as the farm’s potable water source reviewed and approved according to Wis. Admin. Code § NR 812.33. The written approval shall be submitted to the Division by ________________.

   - OR

   - □ b. Spring Box and Non-Pressurized Storage Vessel (NPSV): The milk producer shall contact a DNR Water Supply Specialist to have the spring box and NPSV intended for use as the farm’s potable water source reviewed and approved according to Wis. Admin. Code §§ NR 812.25 and 812.33. The written approval shall be submitted to the Division by ________________.

3. By signing this agreement, the license holder agrees that the Division has personal jurisdiction over the license holder and subject matter jurisdiction. The license holder also agrees the Division may issue the conditional license, under the terms in Paragraphs 1 and 2, and waives any right to contest the license being issued.

4. By signing this agreement, the license holder agrees that not meeting the licensing condition by the date listed in Paragraph 2, is grounds for the Division to summarily suspend or void the conditional license. Within 10 days of the action being taken, the license holder may request a hearing in writing, pursuant to Wis. Admin. Code § ATCP 1.03(3). The hearing is limited to whether the action is justified under the terms of the conditional license. The license holder’s request for hearing shall be made pursuant to the requirements in Wis. Admin. Code § ATCP 1.06. A request for hearing on a Division action does not stay or modify that action.

The person signing on this ____ day of ____, ____, affirms that he or she is either the individual or part of the married couple listed as license holder or is legally authorized to sign on behalf of the legal entity license holder.

<table>
<thead>
<tr>
<th>LICENSE HOLDER NAME (please print)</th>
<th>LICENSE HOLDER SIGNATURE</th>
<th>TITLE</th>
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<table>
<thead>
<tr>
<th>SANITARIAN SIGNATURE AND NUMBER</th>
<th>DATE</th>
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<thead>
<tr>
<th>SUPERVISOR APPROVAL</th>
<th>DATE</th>
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</table>
Instructions for Completing the Milk Producer Religious Exemption from Wisconsin Livestock Premise ID Registration Application Form

Members of a recognized religious group, district, or congregation with sincerely held religious beliefs opposing registration of livestock premises under Wis. Stat. § 95.51 may apply for a milk producer license using an alternate milk producer application (form number F-fd-007) and a notarized Statement for Religious Exemption (form F-fd-007A).

This alternate process may only be used by an individual or a married couple claiming a religious exemption. General partnerships, LLCs, corporations, and other business entities cannot claim a religious exemption under this process.

A legible form is important. Please type or print neatly. Both the applicant and the fieldperson are required to sign this form.

Complete the milk producer application as follows (numbers below correspond to sample application):
1. Check either individual or sole proprietor, or married couple.
2. Check license type: Grade A or Grade B.
3. Check type of milk: cow, goat, sheep, or other.
4. Check yes if milk is canned.
5. Check new producer/ownership change. A fee and inspection are required for a new producer and/or ownership change.
6. This form is also used for plant transfers or a spousal name change. Check the appropriate box if making one of these changes. No fee, inspection, or Statement F-fd-007A is required.
7. Check yes if you grow produce to sell.
8. Enter the applicant’s full legal name, including any middle name and any suffix (such as Jr., Sr., II, III, etc.).
9. Complete spouse information if applying as a married couple.
10. A farm name is optional and can be used as a secondary name but cannot be used as the applicant’s name.
11. Complete this section if applying for a spousal name change to an existing license/permit.
12. Enter the current license number if applicable.
13. Enter the complete mailing address.
14. Enter an emergency telephone number. If applicant has no telephone, you may enter a neighbor or the plant’s telephone number. No license/permit will be issued without an emergency contact number.
15. Enter the complete farm address if it is different from the mailing address.
16. Enter the county name and number.
17. Enter the township name and number.
18. Enter the section number.
19. Check all livestock types kept at the farm. The applicant must disclose what types of livestock are kept by the applicant and agree to contact the department within seven days to give notice if new livestock types are brought to the dairy farm after the milk producer license is issued.
20. Enter the date the application is signed.
21. Applicant’s signature. The application will be returned if it is not signed by the applicant.
22. Enter the plant name and number.
23. Enter the plant location (city or town).
24. Enter the patron number.
25. For plants with multiple BTU’s, include the BTU ID.
26. If applying for a plant transfer, enter the name and number of the plant previously shipped to.
27. Enter the location of the previous plant.
28. Enter the previous patron number.
29. The effective date of the temporary license will be on or after the date the application was received and approved by the Eau Claire office.
30. The fieldperson’s signature is required. The application will be returned if it is not signed.
31. The entire back side of the application must be completed and signed by the fieldperson.

**Note:** Farms with non-pressurized storage vessels (NPSV) and/or spring boxes must either include DNR approval or a signed Conditional License Voluntary Compliance Agreement.

The application submittal must include the following:
- Milk producer application (form F-fd-007)
- Statement For Religious Exemption, form F-fd-007A (notarized)
- Negative water result
- Farms with non-pressurized storage vessels (NPSV) and/or spring boxes must either include DNR approval or a signed Conditional License Voluntary Compliance Agreement
- Fieldperson Farm Inspection
- Social Security Number(s) of individual/spouse or Statement to Comply with s.93.135(1m), Stats. (notarized)

Mail or hand deliver the **original** application packet to:
DATCP-DFRS
718 W Clairemont Ave., Suite 128
Eau Claire, WI 54701

Upon approval of religious exemption, a temporary Grade B license will be issued administratively from the Eau Claire office. The application will then be forwarded to the dairy sanitarian.

**It is the fieldperson’s responsibility to contact the dairy sanitarian to arrange a site inspection.**
**Reporting Official Producer Quality Tests**

Lab result time requirements:
- Official lab results must be submitted to the department **within seven days** of the test date.
- Immediate response levels must be submitted **within three days** of the test date.
- #3 rechecks must be submitted **within three days** of the test date.
- #1 and #4 rechecks must be submitted **within seven days** of the test date.

Electronic reporting of all lab results was required on January 1, 2003.

1. Grade A patron in degrade status shall be reported as Grade B.
2. All SPC samples must be tested within 60 hours. All SCC samples must be tested within 72 hours.
3. All reporting must be by patron number. Letters or hyphens cannot be used as part of a patron’s number. Patron numbers are limited to six digits.
4. Monthly official lab results must include plant, patron, and lab number, sample, and test dates, temperature, SPC, SCC, and antibiotic.
5. When milk is picked up within two hours of milking time, include that information with the lab result.
6. If a correction is made on a lab result, submit an explanation and corrected lab sheet.
7. No duplicate patron numbers are allowed within a plant.
8. If a patron has more than one tank or pickup per day, official lab counts need to be **averaged**. Only submit the averaged result. Inform your testing laboratory of this requirement.

**Milk Quality Standards - Producer Samples**

<table>
<thead>
<tr>
<th></th>
<th>Grade A</th>
<th>Grade B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Plate Count (SPC)</td>
<td>≤100,000/ml</td>
<td>≤300,000/ml</td>
</tr>
<tr>
<td>Somatic Cell Count (SCC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cows/Sheep*</td>
<td>≤750,000/ml</td>
<td>≤750,000/ml</td>
</tr>
<tr>
<td>Goats</td>
<td>≤1,500,000/ml</td>
<td>≤1,500,000/ml</td>
</tr>
<tr>
<td>Temperature:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 hrs after milking -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 2 hours of milking -</td>
<td>≤45°F</td>
<td>≤45°F</td>
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<td>≤50°F</td>
<td>≤50°F</td>
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<td></td>
<td>≤50°F</td>
<td>≤50°F</td>
</tr>
</tbody>
</table>

*All species excluding goats

≤ Means less than or equal to

DATCP will issue the following based on counts exceeding the standards:
- Grade A Intent to Suspend when 2 out of 4 results exceed 100,000 for SPC and 750,000 for SCC.
- Grade B Warning Notice when 2 out of 4 results exceed 300,000 for SPC and 750,000 for SCC.
- Intent to suspend and warning notices stay in effect until there are no longer 2 out of 4 results exceeding the standards.
- Grade A Permit Suspension for sheep and cows when 3 out of 5 occurrences exceed 100,000 for SPC and 750,000 for SCC.
- Grade A Permit Suspension for goats when 3 out of 5 occurrences exceed 100,000 for SPC and 1,500,000 for SCC.

**Note:** SPC test results must have a negative antibiotic result from the same sample for the SPC result to be a valid result.
Immediate Response

<table>
<thead>
<tr>
<th>Immediate Response Levels - Producer Samples</th>
<th>Grade A or B Cows/Sheep</th>
<th>Goats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteria Count (SPC)</td>
<td>&gt;750,000/ml</td>
<td>&gt;750,000/ml</td>
</tr>
<tr>
<td>Somatic Cell Count (SCC)</td>
<td>&gt;1,000,000/ml</td>
<td>None</td>
</tr>
<tr>
<td>Inhibitory Substances</td>
<td>Positive*</td>
<td>Positive*</td>
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</tbody>
</table>

> Means greater than

**SPC and SCC Immediate Response Action**

1. Report all immediate response results to the producer and DATCP in writing within three business days of the test.
2. Collect and test additional samples within 14 days of the immediate response sample date. More than one sample may be tested within this 14 day period. The goal is to obtain a result that is equal to or less than the immediate response levels listed above. SPC results must have a negative antibiotic result from the same sample.

If a sample result is obtained within 14 days that is less than or equal to the immediate response level, the immediate response has been cleared. Report this result to the producer and to DATCP as a #3 recheck within three days of the test date. The producer can continue to ship milk with no further action taken.

If there are no sample results obtained within 14 days that are less than or equal to the immediate response level, the immediate response has been not been cleared. It is the dairy plant’s responsibility to immediately reject all further milk shipments. Report the 14th day result to the producer and to DATCP as a #3 recheck within three business days of the sample test date. The dairy plant shall continue to sample and test the producers milk until a result is obtained that is less than or equal to the immediate response level listed above. When a result is less than or equal to the immediate response level, report the result to the producer and to DATCP as a #3 recheck. The producer may now resume shipping milk.

**Positive Inhibitory Substance Immediate Response Action**

All positive inhibitory substances for producer samples and tankers must be reported within two hours.

1. The plant shall report all positive results within two hours to DATCP by calling the Milk Hotline at 1-800-462-5243, or by faxing results to 715-839-3867. **Report all positive inhibitory substance results to DATCP in writing within three business days of the test.** Report hot loads on the positive drug reside report form and positive producer samples on the recheck lab report form.
   a. **The dairy plant must reject all milk until a test result is negative.** The negative result needs to be reported to DATCP as a #3 recheck within three business days of the test date. The producer can resume shipping milk when a test result is negative.
   b. Producer must complete a Milk and Dairy Beef Drug Residue Prevention Program. The certificate, signed by the producer and veterinarian, needs to be received by DATCP within the following times:
      i. Grade A - 21 days from effective date of intent to suspend letter. A notice of permit suspension letter will be issued to Grade A producers for failure to complete the program and submit the certificate in 21 days. Compliance action will be taken against the Grade B license if the producer fails to complete the program and submit the certificate within 45 days from the effective date of the initial intent to suspend letter effective date.
      ii. Grade B - 45 days from effective date of warning notice letter. Compliance action will be taken against the Grade B license if the producer fails to complete the program and submit the certificate within 45 days.
# RECHECK LAB REPORT FORM

<table>
<thead>
<tr>
<th>Grade: A _____ B _____</th>
<th>Were all SPC Samples Tested Within 60 Hours?</th>
<th>Yes ____ No ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant Name: ____________</td>
<td>Were all SCC Samples Tested Within 72 Hours?</td>
<td>Yes ____ No ____</td>
</tr>
<tr>
<td>Plant #: __________ Location: ______________________</td>
<td>Test by: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Lab Name: __________ Location: ______________________</td>
<td>FOR LAB USE ONLY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Control Sample Temp.</th>
<th>SPC</th>
<th>SCC</th>
<th>ANTI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Re #</th>
<th>Sample Date</th>
<th>Patron No.</th>
<th>Temp</th>
<th>SPC</th>
<th>Test Date</th>
<th>SCC</th>
<th>Test Date</th>
<th>Anti</th>
</tr>
</thead>
</table>

#1 Recheck—Submitted for a Grade A patron after a Notice of Intent to Suspend. The dairy plant shall submit this recheck. The sample MUST be collected between 3 to 21 days after the effective date of the Notice of Intent to Suspend.

#3 Recheck—Submitted after an Immediate Response (IR). IR = SPC > 750,000 - SCC > 1,000,000 - Positive Antibiotic. The SPC & SCC recheck must be collected WITHIN 14 days from the sample date of the IR. A negative antibiotic needs to be collected before a patron resumes shipping. More than one sample may be tested to obtain a complying result.

#4 Recheck—Submitted after a degraded patrons reinstatement to Grade A. Two (2) samples per 7-day period for a total of 21 days may be submitted (a total of 6 rechecks), beginning with the day after the reinstatement. The sample results should be less than or equal to 100,000 for SPC, and less than or equal to 750,000 for SCC.

Rechecks- Rerechecks are part of the producer’s record and are to be reported DATCP within 3 business days from the test date of the recheck.
# POSITIVE DRUG RESIDUE REPORT FORM

**Wis. Stat. §§ 97.22 and 97.20**

**REPORT LOADS OF MILK CONTAINING DRUG RESIDUE ON THIS FORM**

Complete the information in sections I and II immediately (within 2 hours) and provide this information to the Department’s Division of Food and Recreational Safety by telephone, fax or e-mail. Then, complete the rest of the form and submit within 3 business days to: WDATCP, Division of Food and Recreational Safety, 718 W. Clairemont Ave., Ste. 128, Eau Claire, WI 54701. Retain a copy for your records.

**HOT LINE NUMBER:** (800) 462-5243  **FAX NUMBER:** (715) 839-3867  **E-MAIL:** datcpdairylabs@wisconsin.gov

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## I. LOAD IDENTIFICATION

<table>
<thead>
<tr>
<th>RECEIVING PLANT:</th>
<th>PLANT NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANT ADDRESS/LOCATION:</td>
<td>CITY:</td>
</tr>
<tr>
<td>TANKER LICENSE NUMBER:</td>
<td>WEIGHT OF LOAD:</td>
</tr>
<tr>
<td>ORIGINATING PLANT NAME (if different from receiving plant):</td>
<td>LOAD NUMBER:</td>
</tr>
<tr>
<td>NAME OF HAULER:</td>
<td>PLANT NUMBER:</td>
</tr>
</tbody>
</table>

## II. LOAD SCREENING TEST INFORMATION

<table>
<thead>
<tr>
<th>DATE LOAD SCREENED POSITIVE:</th>
<th>TIME:</th>
<th>TEST METHOD:</th>
<th>TEST KIT LOT #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCREENED POSITIVE FOR:</td>
<td>DATE POSITIVE RESULT PHONED, FAXED, EMAILED TO DATCP:</td>
<td>TIME:</td>
<td></td>
</tr>
<tr>
<td>☐ BETA LACTAMS ☐ TETRACYCLINES</td>
<td></td>
<td>AM</td>
<td></td>
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<tr>
<td>NAME OF PERSON REPORTING:</td>
<td>PHONE NUMBER:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## III. LOAD CONFIRMATION TEST

<table>
<thead>
<tr>
<th>TESTING SITE:</th>
<th>SAMPLE RECEIVED:</th>
<th>TEST STARTED:</th>
<th>CERTIFIED WI LAB LICENSE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>TIME:</td>
<td>AM</td>
<td></td>
</tr>
<tr>
<td>TEMP:</td>
<td></td>
<td>PM</td>
<td></td>
</tr>
<tr>
<td>TEST METHOD:</td>
<td>TEST KIT LOT #:</td>
<td>TEST RESULT #1:</td>
<td></td>
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<tr>
<td>TEST RESULT #2:</td>
<td></td>
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<tr>
<td></td>
<td>☐ POS ☐ NF</td>
<td>☐ POS ☐ NF</td>
<td></td>
</tr>
<tr>
<td>NAME OF CERTIFIED INDIVIDUAL:</td>
<td>CERTIFIED LAB ANALYST LICENSE #:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## IV. DISPOSITION OF MILK

- ☐ DUMPED**
- ☐ USED IN PROCESSING
- ☐ LOAD REJECTED & RETURNED TO SELLER**

**Complete Tanker Disposal Report Form and maintain on file.**

**NAME OF SELLER CONTACT PERSON - Reporting plant must notify supplying plant IMMEDIATELY. (ONLY FOR LOAD REJECTED):**

**DESTINATION STATE:**

## V. POSITIVE PRODUCER SAMPLE & TEST DATA

<table>
<thead>
<tr>
<th>PLANT # - PATRON #:</th>
<th>PRODUCER NAME:</th>
<th>PRODUCER GRADE:</th>
<th>DIRECT SHIPPER:</th>
<th>SAMPLE COLLECTION:</th>
<th>SAMPLE COLLECTED BY - BMWS NAME &amp; LICENSE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>TIME:</td>
<td>AM</td>
<td></td>
<td>TEMP:</td>
<td></td>
</tr>
<tr>
<td>TEST STARTED:</td>
<td>TEST METHOD:</td>
<td>TEST STARTED:</td>
<td>TEST KIT LOT #:</td>
<td>TEST RESULT #1:</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td>TIME:</td>
<td>AM</td>
<td></td>
<td>PM</td>
<td></td>
</tr>
<tr>
<td>TEST RESULT #2:</td>
<td></td>
<td>☐ POS ☐ NF</td>
<td>☐ POS ☐ NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERTIFIED WI LAB LICENSE #:</td>
<td>CERTIFIED LAB ANALYST LICENSE #:</td>
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</tr>
</tbody>
</table>

## VI. NEGATIVE RECHECK/RESUME SHIPPING

<table>
<thead>
<tr>
<th>SAMPLE COLLECTION:</th>
<th>DATE:</th>
<th>TIME:</th>
<th>AM</th>
<th>TEMP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST STARTED:</td>
<td>TEST METHOD:</td>
<td>TEST KIT LOT #:</td>
<td>TEST RESULT:</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td>TIME:</td>
<td>AM</td>
<td></td>
<td>PM</td>
</tr>
<tr>
<td>CERTIFIED WI LAB LICENSE #:</td>
<td>CERTIFIED LAB ANALYST LICENSE #:</td>
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</tbody>
</table>

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This institution is an equal opportunity employer.
POSITIVE DRUG RESIDUE REPORT FORM

INSTRUCTIONS

All tanker loads of milk, including direct ship tankers from single producers, received by a dairy plant shall be tested for drug residue. If the screening site gets a positive test result on the first test of the load, the screening site must test the same sample, in duplicate, with positive and negative controls.

All positive test results, including direct ship tankers from single producers, must be reported to the Department using this form.

All confirmed positive tankers must be disposed of properly. The disposal is the responsibility of the dairy plant.

1. The information in Sections I and II must be completed IMMEDIATELY (within 2 hours) and this information is reported to the Division of Food and Recreational Safety.

   By Telephone: 1-800-462-5243
   By FAX: 1-715-839-3867
   By E-mail: datcpdairylabs@wisconsin.gov

2. The dairy plant screening the load positive is responsible for assuring that the confirmation testing is done on the load and all patron samples for that load are tested. Complete the remainder of the form as follows:

   A. If load confirms NEGATIVE, complete Sections III and IV. Sections V and VI apply if there was a positive producer.

   B. If load confirms POSITIVE, complete entire form, including Sections V and VI. Provide all the information needed for lab results on the individual producer. No other paperwork on the producer (s) is necessary.

Mail, fax or e-mail the completed form within 3 business days to:
WDATCP - DFRS
718 W Clairemont Ave. Suite 128
Eau Claire, WI 54701

**Retain a copy of form and the Tanker Milk Disposal Report for your records**
Drug Residue Prevention Program
When a producer’s sample tests positive for drug residue, a letter is sent to the producer stating that they must complete a drug residue prevention program.

A Grade A producer is given 21 days from the effective date stated on the intent to suspend permit letter to complete the drug residue prevention program. The certificate of completion and a copy of the letter must be received in the Eau Claire Office by the completion date on the letter. If it is not received, the producer will be degraded. If DATCP does not receive the certificate of completion within 45 days of the effective date stated on the letter, further compliance action will be taken.

A Grade B producer is given 45 days from the effective date stated on the intent to suspend license letter to complete the drug residue prevention program. The certificate of completion and a copy of the letter must be received in the Eau Claire Office within the 45 days. If it is not received in that time, compliance action will be taken.

Mail or fax the signed certificate of completion to:
DATCP - DFRS
718 W. Clairemont Ave., Suite 128
Eau Claire, WI 54701
Fax: (715) 839-3867

The drug residue manual, which includes the certificate, can be downloaded from the National Dairy Farm Program website at http://www.nationaldairyfarm.com/residue-prevention.

Direct Milk Shipper Point of Sale Ownership Clarification
A direct milk shipper is a milk tanker owned and operated by the producer or operated by an employee of the producer.

Point of sale ownership clarification:
- Point of sale takes place when the tanker arrives at the dairy plant.
- Regardless of point of sale issues, all milk that has confirmed positive for drug residue shall be removed from the human food chain, disposed of, and immediately reported to the department. The plant shall maintain a disposal record for each affected tanker. A positive drug residue investigation shall be conducted on all positive loads.
- A positive drug residue result will be entered into the producer’s record.
Dairy Farm Water Supply Inspection Fact Sheet
Ground water protection is an essential part of public health and an integral part of every farm inspection DATCP sanitarians conduct. Although DATCP references water supply requirements in Wis. Admin. Code § ATCP 65, DATCP does not enforce Wis. Admin. Code § NR 812. The Wisconsin Department of Natural Resources is responsible for the enforcement of NR 812. It is, however, DATCP’s responsibility to make sure follow up is conducted on non-compliant systems on dairy farms to assist in the protection of Wisconsin’s ground water.

What do dairy sanitarians inspect water supplies for?
Construction requirements for such things as loose caps, unsealed openings into the casing, indentations around the well casing where water could accumulate, distances between the well and ground water hazards such as calf pens or manure storage areas, condition of pit well walls and roof to make sure they are in good repair and do not have water entering the pit, the presence of an unapproved Non-Pressurized Storage Vessel (NPSV) for storing well water or a Spring Box.

What if a water supply system is thought to be non-conforming?
During a farm licensing inspection, the sanitarian will not be able to issue a full status license or a Grade A permit if the well does not appear to be in compliance with NR 812. In those situations, the sanitarian can issue a conditional license if the producer will agree to correct the issue or obtain a DNR compliance report from a DNR-licensed well driller, pump installer, or well inspector within a reasonable amount of time. For producers with a spring box or NPSV, DATCP will give the producer 180 days to obtain DNR approval for their system.

During a routine inspection, the sanitarian will mark the non-complying system as a violation which could lead to a reinspection if not corrected by the next routine inspection. In the case of a spring box or a NPSV, the sanitarian will only make a note on the inspection report about the issue during the first routine inspection and mark it as a violation during the second routine inspection, only if it is not corrected by that time.

Resources for producers:
- NR 812: https://docs.legis.wisconsin.gov/code/admin_code/nr/800/812/
- Well construction records can be researched at: https://dnr.wi.gov/topic/groundwater/data.html#wellreports
- A list of DNR-licensed well drillers, pump installers, or well inspectors can be located at: https://dnr.wi.gov/topic/wells/contacts.html
- For a list of the DNR private water supply staff, see: https://dnr.wi.gov/topic/Wells/PrivateWaterSupply.html
Water Sample Results

Well Water Sample Results
Report on water test results form. Submit on paper only—not electronically. Grade A and B results may be on same sheet for water results only.

Cooling Water Samples
Must be tested every six months. Keep results on file at the plant. Report to DATCP the confirmatory positive cooling water sample within three days of the test. Indicate on the report form that it is “Cooling Water.”

Flow Chart
If you obtain a positive water sample, refer to the flow chart for the follow-up process.
### WATER TEST RESULTS

Wis. Admin. Code § ATCP 65.10

<table>
<thead>
<tr>
<th>PATRON NUMBER</th>
<th>DATE SAMPLED</th>
<th>TOTAL COLIFORM Positive, Negative or N/A</th>
<th>E. COLI Positive, Negative or N/A</th>
<th>DATE TESTED</th>
</tr>
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<tbody>
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**Wisconsin Department of Agriculture, Trade and Consumer Protection**

*Division of Food and Recreational Safety,*

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