



ANNUAL BLASTING PERMIT APPLICATION

Town of Ledgeview
Municipal Building
3700 Dickinson Road
De Pere, WI 54115

PERMIT # _____ DATE: _____

QUARRY NAME: _____

ADDRESS: _____

OPERATOR/OWNER: _____

BLASTING COMPANY: _____

NAME OF LICENSE HOLDER: _____ #: _____

ANNUAL PERMIT FEE: \$500.00

CHECK #: _____ DATE: _____

PERMIT GOOD FROM: _____ THRU: _____

REGULATIONS

Before any blasting can occur within the Town of Ledgeview, the blaster shall comply with the following:

1. Shall possess a valid State of Wisconsin Blaster's License
2. Shall possess all necessary state and local permits
3. Permits shall identify the licensed blasters
4. All blasters shall supply the Town of Ledgeview with a certificate of insurance including the following requirements:
 - a. Not less than \$4,000,000.00 Aggregate
 - b. Not less than \$1,000,000.00 per Occurrence
5. All blasters shall give notice of all blasting within the Town of Ledgeview by a display of a fluorescent flag 1hr. prior to a blast
6. Before any blasting, a verbal or written notice shall be given to the town clerk at least 24 hours prior to blasting
7. Blasting shall only be conducted between 8:00 am and 4:00 pm without written permission from the Town Board
8. A blasting log shall be prepared and maintained for each blast, with a copy supplied to the town clerk within 3 working days
9. Each blast log shall include:
 - a. Name, signature, and license number of the blaster
 - b. Location – quarry, address, and area of blast
 - c. Date and time
 - d. Weather conditions
 - e. Diagram and cross-section of blast hole layout
 - f. Number of holes
 - g. Hole depth and diameter
 - h. Spacing and burden of blast holes

- i. Maximum holes per delay
- j. Maximum pounds of explosives per delay
- k. Depth and length of stemming
- l. Distance to nearest inhabited building not owned by permittee
- m. Seismographic and air blast report and print out
 - i. Location of seismograph
 - ii. Distance from the blast
 - iii. Name of the person taking the reading
 - iv. Type of instrument and last calibration date
 - v. Date and time of the blast
- n. All blasts may be monitored by the Town of Ledgeview
- o. Blaster/quarry operator is responsible for proper notice to the Town and all residents or owners of dwellings within 1000ft. of the boundaries of the blasting site for all blasts.

OPERATOR SIGNATURE: _____

TOWN BOARD CHAIRPERSON: _____

TOWN ADMINISTRATOR: _____