

**CHEMIGATION PERMIT APPLICATION**

Minn. Stat. Sec. 18C.205

**Permit Holder:** Enter the name of the legal entity that will be responsible for applying fertilizers and/or pesticides at the site below. NOTE: Each legal entity operating a chemigation site must have its own permit. If a legal entity rents the site to another legal entity that uses it, both entities must have a chemigation permit.

Legal Name

DBA (if different)

Mailing Address

City	State	Zip	Business Telephone Number
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**Physical Location:** Enter the location of the pivot or site to be chemigated.

Location Name	State	County	Township Code	Range	Section	1/4 Section

Type of Site: (Check all that apply)     Field     Golf Course     Greenhouse     Nursery

Type of Water Source: (Check all that apply)     Private Well(s)     Public Well     Surface Water

For Private Well(s), Year(s) installed: \_\_\_\_\_, \_\_\_\_\_

For Private Well(s) or Surface Water, DNR Water Appropriation: Permit Number(s): \_\_\_\_\_

DNR Water Appropriation Permit Not Required    Permittee Name(s) \_\_\_\_\_

Fertilizer Analysis and/or Pesticide Brand Name and amount to be applied (gallons/pounds): \_\_\_\_\_

**Permit Fee:** (Check one)

- Fertilizer Only - \$50.00    \$ \_\_\_\_\_    **323310**
- Pesticides Only - \$250.00    \$ \_\_\_\_\_    **329210**
- Fertilizer and Pesticides - \$250.0    \$ \_\_\_\_\_    **323310 (\$125)**  
**329210 (\$125)**

Return this form with your check made payable to:  
MINNESOTA DEPARTMENT OF AGRICULTURE,  
625 Robert Street North, Saint Paul, MN 55155-2538

*License fees are not refundable or transferable*

Enter the name of the person who is the legal entity or works for the legal entity and who will be legally responsible for chemigation at this site. DO NOT enter the name of the owner of the property, unless that person is the one who is applying for this chemigation permit and who will be legally responsible. I hereby certify that I have read and understand the Certification requirements printed on the reverse of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(For Office Use)

## CERTIFICATION

I certify that I have read and understand Minnesota Rules, Part 1505.2100 - 1505.2800, and that I have personally inspected this chemigation system.

I certify that the chemigation system applied for in this permit application is in compliance with Minnesota Rules, part 1505.2100-1505.2800, including but not limited to the installation and function of the following for each water source (well or surface water):

- a) one or more Minnesota Department of Agriculture approved mainline check valves with vacuum breaker and automatic low pressure drain (one valve for fertilizer/two for pesticide) or RPZ (required for public water supplies); AND
- b) an injection system check valve (installed to prevent water flow from the irrigation system to the supply tank or from the supply tank to the water supply); AND
- c) a system interlock (shuts the injection system down when an interruption of the water supply occurs); AND
- d) a low pressure shutdown device (shuts injection system down when water pressure decreases); AND
- e) a setback of 20 feet from the water source for tanks less than 1500 gallons that are at the well for less than 30 consecutive days. For tanks that are at a site for more than 30 consecutive days, the tank must be diked.

I also certify that I will inspect this chemigation system for legal operation each time as needed before chemigating and will not chemigate unless all required antipollution equipment described above is present and operational. In addition, I certify I am aware that fertilizer and pesticide application records and system maintenance records must be maintained and kept for five years and that if I alter the system, I must apply for and receive a substantial alteration permit and be in full compliance with all parts of the chemigation regulation.