

Approved Chemigation Application Record

Company Name:	Chemigation Permit #:	
Contact Person:	Phone #:	
Address		
City:	State:	Zip:

Application Date	Fertilizer Guaranteed Analysis or Pesticide Name and EPA Reg # (Application Rate)	Location <i>(for center Pivot, indicate all or partial (which area) depending on application. For Greenhouses indicate house and crop.)</i>

This record will suffice for the records required by Minnesota’s Chemigation Rule.