625 Robert Street North, Saint Paul, MN 55155-2538 www.mda.state.mn.us

PESTICIDE AND FERTILIZER MANAGMENT DIVISION 651-201-6057 New Permit Number

CHEMIGATION PERMIT APPLICATION

Minnesota Stat. Sec. 18C.205

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number.

Does your company maintain with or delivers goods or services in the		<u>-</u>	-	erson or other employee ID number in the space p	
Legal Name (Operator)					
DBA (if different)					
Minnesota Tax ID or if none, Socia	al Security Numb	er			
PHYSICAL STREET ADDRESS (A					
City		State		_ Zip	
MAILING ADDRESS (if different	t)				
City		State		_ Zip	
Company Phone					
PHYSICAL LOCATION Location	on Name			County	
Township Code	Range	S	ection	1/4 Section	
Has the location been previously	permitted?	Yes No)	Unknown	
WELL LOCATION					
Well to tank setback fe	eet Well to inje	ection device setback _	feet	Well to mix/load setba	ck feet
TYPE OF SITE (Check all that ap	<i>ply)</i> Field	Golf Course	Green	house Nursery	
Water Source DNR Wa	ater Appropriati	on Permit Number		Permittee Name	
Private Well					
Surface Water					
Public Well	N/A			N/A	
Fertilizer Analysis and/or Pesticide	e Brand name an	nd amount to be appli	ed (gallons/poi	unds)	
Enter the name of the person wh chemigation at this site. DO NOT this chemigation permit and who	enter the name o	of the owner of the p			
I hereby certify that I have read	and understand	d the Certification re	quirements pr	inted on the back side.	
Signature				Date	
				Title	
Contact Phone	Fax	x	Emai	il	
PERMIT FEE (check one)			Ret	turn this form with	
Fertilizer Only - \$50.00	\$	600291(3100)	you	ur check made payabl	e to:
Pesticides Only - \$250.00		600328(3100)		nnesota Department of A	griculture
Fertilizer and Pesticides - \$250		600291(3100) \$1 600328(3100) \$1	.25 625	ention: Cashier Robert Street North	
Fees are not transferable nor refu	undable.		Saii	nt Paul, MN 55155-2538	

PESTICIDE AND FERTILIZER MANAGMENT DIVISION 651-201-6057

CHEMIGATION PERMIT APPLICATION

Minnesota Stat. Sec. 18C.205

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 notlimited to the installation and function of the following for each water source (well or surface water):

- a) one or more Minnesota Department of Agriculture (MDA) approved mainline check valves with vacuum breaker and automatic low pressure drain (one valvefor 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 watersupply); 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) secondary containment for the supply tank must be provided if two of the following three conditions occur:
 - 1. The supply tank is closer than 100 feet to the water source.
 - 2. The supply tank is greater than 1,500 gallons.
 - 3. The supply tank is in place longer than 30 consecutive days.
 - If less than two of these three conditions occur, secondary containment for the supply tank required. However, it is required by the MDH that an irrigation well used for nonpotable purposes must be at least 20 feet away from a chemigation supply tank.

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 requiredantipollution 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.

Failure to submit a complete application or the required fee will result in the MDA sending your permit application back as REJECTED. If youreceive an application as REJECTED, chemigation is prohibited until you return a completed permit application to the MDA and receive apermit.