DEPARTMENT OF	625 Robert Street N
AGRICULTURE	www.mda.state.mn

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

CHEMIGATION PERMIT APPLICATION

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 within the	e state an office of	or place of	distribution or sales person or other employee that solicits, sells
or delivers goods or services in the state	e? Yes	No	If yes, enter MN Tax ID number in the space provided below.

Legal Nan	ne (Operator)	_
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DBA	(if	diffe	rent)
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Minnesota Tax ID or if none, Social Security Number _____

PHYSICAL STREET ADDRESS (no PO box)

MAILING ADDRESS (if different)			
City	State	Zip	

Company P	hone
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PHYSICAL LOCATION	Location Name			County	
Township Code	Range		Section		_ 1/4 Section
Has the location been pro	eviously permitted?	Yes	No	Unknown	I
WELL LOCATION					

City _____ State _____ Zip _____

Well to tank setback	feet	Well to mix/load setback _	feet
Wen to tank setback		Well to mixy loud Setback	

TYPE OF SITE (Check all that apply)	Field	Golf Course	

Water Source	DNR Water Appropriation Permit Number	Permittee Name
Private Well		
Surface Water		
Public Well	N/A	N/A

Greenhouse

Nursery

Fertilizer Analysis and/or Pesticide Brand name and amount to be applied (gallons/pounds)

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 back side.

Signature		Date		
Name (please print)		Title		
Contact Phone	Email			
PERMIT FEE (check one)		Return this form with		
Fertilizer Only - \$50.00	\$600291(3100)	your check made payable to:		
Pesticides Only - \$250.00	\$600328(3100)	Minnesota Department of Agriculture		
Fertilizer and Pesticides - \$250	\$ 600291(3100) \$125 \$ 600328(3100) \$125	625 Robert Street North		
Fees are not transferable nor refundable.		Saint Paul, MN 55155-2538		

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

Minnesota Stat. Sec. 18C.205



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 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 (MDA) approved mainline check valves with vacuum breaker and automatic low pressure drain (one valve for fertilizer/two for pesticide) or RPZ (required for public and potable water supplies); AND
- b) an injection system check valve (installed to prevent water flow from the irrigation system into the chemigation supply tank); 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 spill containment safeguards for the supply tank must be provided if two of the following three conditions occur:
 - 1. The supply tank has a rated capacity of more than 1,500 United States gallons.
 - 2. The supply tank is located within 100 feet of a water supply.
 - 3. The supply tank is located at a chemigation site for more than 30 consecutive days.

If less than two of these three conditions occur, secondary spill containment safeguards for the chemigation supply tank is not required. It is required by the Minnesota Department of Health (MDH) that an irrigation well used for nonpotable purposes must be at least 20 feet away from a fertilizer 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 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.

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