



Pesticide &amp; Fertilizer management Division, Ph. 651-201-6057

New Permit Number: \_\_\_\_\_

Minn. Stat. Sec. 18C.205

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

Legal Name (Operator):			MN Tax ID or if none, Social Security Number:		
DBA (if different):			Mailing Address (If different):		
Physical Street Address (No PO Box):			City:	State:	Zip Code:
City:	State:	Zip Code:	County:	Company Telephone:	

**Physical Location:** Enter the location of the pivot or site to be chemigated.

Location Name	County	Township Code	Range	Section	1/4 Section

Has the location been previously permitted? ☐ Yes ☐ No ☐ Unknown

**Well Location:**

Well to tank setback \_\_\_\_\_ feet. Well to injection device setback \_\_\_\_\_ feet. Well to mix/load setback \_\_\_\_\_ feet.

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

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

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

**PERMIT FEE** (Check one):

- ☐ Fertilizer Only - \$50.00 \$ \_\_\_\_\_ **600291(3100)**
- ☐ Pesticides Only - \$250.00 \$ \_\_\_\_\_ **600328(3100)**
- ☐ Fertilizer and Pesticides - \$250.00 \$ \_\_\_\_\_ **600291(3100) \$125**  
**600328(3100) \$125**

**Return this form with your check made payable to:**

MINNESOTA DEPARTMENT OF AGRICULTURE

Attn: Cashier

625 Robert Street North

Saint Paul, MN 55155-2538

**Fees are not transferable nor refundable.**

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

For Office Use Only

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

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

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

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

## 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) 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 is not 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 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. \*\*\*