



**ANHYDROUS AMMONIA STORAGE PERMIT APPLICATION - SUBSTANTIAL ALTERATION**

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. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

**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 .

**EXISTING PERMIT NUMBER:** \_\_\_\_\_ **FERTILIZER LICENSE #:** \_\_\_\_\_

Legal Company Name:			MN Tax ID or if none, Social Security Number:		
DBA (if different):			Mailing Address"		
Physical (911) Address of Proposed Permit Site (No PO Box):			City:	State:	Zip Code:
City:	State:	Zip Code:	Company Telephone:		
County:			Contact Person:		

**Legal Description:**

Township Name	Township Designation	Range Designation	Section	1/4 of 1/4 Section

**Distance in Feet or Miles of Added or Relocated Storage Tank(s) From:**

1. Near side of public roadway:	2. Nearest side of mainline of railroad:	3. Nearest dug well or other source of potable (drinking) water:		
4. Adjoining property lines (Feet)	North	South	East	West
5. Nearest occupied dwelling or dwelling intended to be occupied:		6. Nearest place of public assembly (businesses, parks, and other places for public to assemble):		
7. Nearest confined resident institution:	8. Nearest hospital:	9. Nearest school:		

**Local Permit, Construction, and Contractor Information**

Is a local permit required? Yes No	Has construction already begun? Yes No		
If yes, submit a copy of the local permit.			
Contractor:	Address:	Telephone:	Email:
Welding Contractor (if different from Contractor):	Address:	Telephone:	Email:

**Permit Fees:**

Substantial Alteration Performed (Check one):

- Additional storage at existing anhydrous ammonia facility \$ 50.00 **600290(3100)**
- Relocation storage at existing anhydrous ammonia facility
- List other substantial alteration at existing anhydrous ammonia facility:

**Return this form with your check made payable to:**  
MINNESOTA DEPARTMENT OF AGRICULTURE  
Attn: Cashier  
625 Robert Street North  
Saint Paul, MN 55155-2538  
**Licenses are not transferable and fees are not refundable.**

Penalty for constructing or substantially altering an anhydrous ammonia facility without a permit: **\$250.00** \$ \_\_\_\_\_ **600290(3510)**

**TOTAL DUE:** \$ \_\_\_\_\_

I hereby certify that the information contained in and submitted with this form is true and correct.	For Office Use Only
Signature: _____ Date: _____	
Name (Please print): _____ Title: _____	
Contact Telephone: _____ Fax Number: _____	
E-mail Address: _____	

## ANHYDROUS AMMONIA STORAGE PERMIT APPLICATION

It is a violation of MN Statutes 18C for a person to install new safeguards or substantially alter an existing permitted safeguard at a Anhydrous Ammonia Storage Facility without permit approval. If permit approval is not obtained in violation of 18C ORDERS to Cease & Desist construction activity or operation will be issued by the Minnesota Department of Agriculture (MDA) until permit approval is granted. The MDA may also issue enforcement action.

**Tank Nameplate Data for each added or relocated storage tank:**

1. Attach the manufacturer's U-1-A data report for each added or relocated storage tank to this application if this section is not completed.

	TANK 1	TANK 2	TANK 3	TANK 4
MANUFACTURER				
ASME CONSTRUCTION CODE SYMBOLS				
MANUFACTURER SERIAL NUMBER				
NATIONAL BOARD NUMBER				
PSI RATING @ DEGREE F				
YEAR BUILT				
PLANT THAT TANK WAS BUILT				
GALLON CAPACITY				
OVER ALL LENGTH				
OUTSIDE DIAMETER				
SQUARE-FOOT AREA				
HEAD METAL THICKNESS				
SHELL METAL THICKNESS				

**Submit the Following with This Permit Application -** Permit cannot be approved without this information.

1. Aerial map showing proposed location of storage tanks, loading/unloading areas, facility buildings, property boundaries, wells, storm/tile drain inlets, bodies of water/streams, etc. Also show dwellings, places of public assembly, confined resident institutions within 1000 feet of storage tanks. Also note any structures, LPG tanks, etc. within 10 feet of proposed storage tanks.
2. Submit a photo of the nameplate for each added or relocated storage tank.
3. Detailed diagram(s)/drawing(s) of the storage system illustrating the, but not limited to the following:
  - (A) **Anhydrous ammonia rating:** List the components in the storage system rated for anhydrous ammonia service by the manufacturer.
  - (B) **Storage tank(s):** Distance between the outer curvatures of storage tanks arranged within a group and distance from bottom of tank(s) to ground.
  - (C) **Footings, piers, saddle supports for added/relocated storage tank(s):** Saddle supports must cover at least 1/3 the circumference of the tank.
  - (D) **Manifolds and Pressure Relief Valves:** Note brand of both manifolds and pressure relief valves used for each storage tank.  
*NOTE: Records must be maintained which identifies each storage tank and states the month/year of installation for each tank pressure relief valve.*
  - (E) **Piping/flex connectors:** Document on the diagram(s)/drawing(s) if piping will be threaded or welded. All threaded nipple must be seamless.
  - (F) **350-400 psi rated hydrostatic relief valves with rain caps:** Installed between each pair of shut-off valves in liquid and vapor piping.
  - (G) **Shut-off valves** for each system and tank opening and in system piping.
  - (H) **Excess flow valves** of appropriate gpm rating and size for: (1). each tank opening; and (2). in each system opening that has a connecting hose: i.e. nurse tank riser openings and transport/rail vapor opening(s). *NOTE: External emergency shut-off valves (i.e. Snappy Joe®) cannot be used in place of excess flow valves.*
  - (I) **Back check flow valve** for each transport and rail liquid unload opening that has a connecting hose.  
*NOTE: Emergency shut-off valves cannot be used in place of back check flow valves.*
  - (J) **Transfer system:** i.e. compressor, pump, pressure-actuated bypass valve, meter, etc.
  - (K) **Corrosion protection/burial** of underground piping: i.e. coated or wrapped/coated underground piping buried in washed sand, cathodic protection, etc.
  - (L) **Nurse tank riser area(s):** nurse tank riser platform/stand, pull-away protection, etc.
  - (M) **Transport area pull-away protection** - bulkhead, back check flow valve for each liquid opening and excess flow for each vapor opening.
  - (N) **Traffic protection.** around piping, risers, and storage tank(s).
  - (O) **Safety water** location(s): easily accessible emergency shower/plumbed eye wash OR open top container with at least 150 gallons of clean water.
4. Detailed list of: *This list is not required if thoroughly/specifically documented in the detailed diagram(s)/drawing(s) in #2.*
  - (A) **Common components:** for example, shut-off valves, excess flow valves with size/gpm rating, back check flow valves-with size, 350-400 psi rated hydrostatic relief valves, compressor, pump with size, pressure-actuated bypass valve with pressure differential rating, pull-away protection shear fittings, hosing, pressure relief valves, pressure relief valve manifolds, etc.
  - (B) **Fitting specification(s):** for example A105 2000# forged steel fittings.
  - (C) **Pipe specification(s):** - for example A53, Grade B, ERW or seamless piping, schedule 40 wall thickness (welded joints), schedule 80 wall thickness (welded or threaded joints);
  - (D) **Threaded nipples** must be seamless.
  - (E) **Flex Connectors** with: (1). design pressure rating; and (2). bursting pressure ratings.
5. Detailed diagram/drawing of transport area pull-away protection bulkhead, illustrating/listing the:
  - (A) **Crossbeam:** (1). Material/size crossbeam made of, (2). Distance from bottom of crossbeam to concrete foundation, and (3). width of crossbeam.
  - (B) **Posts:** (1). The material/size that posts are made of; (2). Distance from top of posts to concrete foundation; (3). Length of posts imbedded in concrete foundation; and (4). If bulkhead posts will be filled with concrete.
  - (C) **Concrete foundation:** 5 ft. by 5 ft. by 5 ft. concrete foundation. Retain receipt of concrete used.
  - (D) **Traffic protection** for area around the bulkhead, but not to impede movement of transport hosing to allow an angle pull-away.
  - (E) **Person/firm constructing the bulkhead**
6. A copy of the local building permit and/or other local approval if required by local zoning authority.
7. Welding Documents: Welding procedure (form QW-482), welding procedure qualification (form QW-483) and welder's qualification (form QW-484).

Approved (Only valid when signed by designated state authority)	Title	Date
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