

PESTICIDE AND FERTILIZER MANAGEMENT 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 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 No If yes, enter MN Tax ID number in the space provided below.

Legal Name (Operator) _____

DBA (if different) _____

Minnesota Tax ID or if none, Social Security Number _____

PHYSICAL STREET ADDRESS (no PO box) _____

City _____ State _____ Zip _____

MAILING ADDRESS (if different) _____

City _____ State _____ Zip _____ Company Phone _____

PHYSICAL LOCATION 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 W 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) _____

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) →

	Item	Amount	MDA Processing Fee	Total Due
<input type="checkbox"/>	Fertilizer Only 600291(3100)	\$50	\$5 553068(3360)	\$55
<input type="checkbox"/>	Pesticides Only 600328(3100)	\$250	\$12.50 553068(3360)	\$262.50
<input type="checkbox"/>	Fertilizer & Pesticides 600291(3100) 600328(3100)	\$125 \$125	\$12.50 553068(3360)	\$262.50

Return this form with your check made payable to:

Minnesota Department of Agriculture
Attention: Cashier
625 Robert Street North
Saint Paul, MN 55155-2538

Fees are not transferable nor refundable.

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 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 chemigation 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.