Department of Agriculture

Division of Agriculture Services 523 East Capitol, Foss Building Pierre, SD 57501-3182 Telephone: 605/773-4432

APPLICATION FOR BULK COMMERCIAL FERTILIZER STORAGE FACILITY PERMIT

Firm making application			
Name			Location of site:
			County City
Address			Legal Description of facility location:
			$(Q4)_{1/4}$ of the $(Q3)_{1/4}$ of the $(Q2)_{1/4}$ of the
City	State	Zip Code	
Telephone Number:			(Q1)14 of Section # of Township #
Firm who will operate facility			
Name			of Range #
Address			Does this construction /installation/modification
Address			require a local permit?
City	State	Zip Code	\Box Yes \Box No If yes, submit a copy
City Talanhana Numbari	State	Zip Code	Size of lot owned or leased:
Firm who will construct/install modify site			Nature of terrain (check one):
Name			\Box Level area \Box Hillside or steep slope
			\Box Natural depression with no outlet
			\Box Valley \Box Hilltop \Box Slight slope
Address			Type of primary storage containers (steel, poly, wood, etc.):
	r		Type of primary storage containers (seei, pory, wood, etc.).
City	State	Zip Code	
Telephone Number:			Number of containers, height, width, diameter and capacity
			of each container:
□ New □ Existing □ Substantially Altering			
Surface water (give approximate distance to nearby lake, stream, drainage ditch, or storm drain into which liquid could flow, and identify of same:			
Soil and ground water conditions (state general soil type at the site such as clay, gravel, sand, loam, peat, etc.,; and type, depth and proximity of wells and aquifers on or near site:			
Submit two (2) scale drawings of plans and specifications for the facility, along with the location of other storage containers and			
buildings. Include length, width, and wall height (inside dimensions) of the containment area. Also, state the diameter and height of each storage tank to be contained.			
If a synthetic liner is used, a copy of the manufacturer's letter of compatibility and his written estimate of the life of the liner and			
written proof of certification of those qualified to install the liner, must accompany this application.			
Submit two (2) copies of a plumbing diagram for facility showing location and type of pumps and valves used to control all			
transferring. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge			
and belief, is in all things true and correct.			
Signed by		Title	Date
(Department Use Only)			
Reviewed by		Title	Date