



DEPARTMENT OF AGRICULTURE and NATURAL RESOURCES

JOE FOSS BUILDING
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Pierre, SD 57501
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OPERATIONAL AREA CONTAINMENT REGISTRATION APPLICATION

Firm/Person making application:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Firm/Person who will operate containment:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Firm who will construct/install/modify site:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Nature of terrain (*select one*):

Level Slight slope Hilltop Natural depressions with no outlet
Hillside or steep slope Valley Other (*describe*): _____

Legal description of operational area:

City: _____ County: _____

(Q4) _____ ¼ of the (Q3) _____ ¼ of the (Q2) _____ ¼ of the (Q1) _____ ¼ of

Section # _____ of Township # _____ of Range # _____ GPS: _____

Type of containment:

New OR Existing Stationary OR Portable
Concrete Steel Synthetic Other, describe _____

General soil type (*select one*):

Clay Gravel Sand Loam Peat Other _____

Is a local permit required for this construction? If yes, include copy.

Yes No

Size of lot owned or leased: _____

Type of containers to be transferred (*complete appropriate boxes below*):

	Container #1	Container #2	Container #3	Container #4	Container #5
Capacity					
Steel					
Poly					

Description, proximity, and legal description of wells and/or aquifers which are within 1000 feet of operational area *(complete appropriate boxes below)*:

	Well #1	Well #2	Well #3	Aquifer
Proximity to site				
Depth				
	_____ ¼ of the	_____ ¼ of the	_____ ¼ of the	
	_____ ¼ of the	_____ ¼ of the	_____ ¼ of the	
	_____ ¼ of the	_____ ¼ of the	_____ ¼ of the	
	_____ ¼ of	_____ ¼ of	_____ ¼ of	
Section	_____ of	_____ of	_____ of	
Township #	_____ of	_____ of	_____ of	
Range				

(If you need more space to list the required information, attach additional sheets.)

Identify any surface water which lies within ½ mile of operational area:

	Yes	No	Proximity to site	
Lake	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ <i>(describe)</i>
Stream	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Ditch	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Storm Ditch	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Type of back siphon prevention equipment to be used: _____

Documents which must accompany this application are:

Check box if enclosed.

- 1. Copies of required local permits.
- 2. Two scale drawings of plans and specifications for the operational area containment.
- 3. Two copies of the plumbing diagram for the facility showing the location and type of appurtenances used to control all operational area operations.
- 4. If synthetic materials are used, copy of manufacturer's letter describing the materials' compatibility with pesticides.

I hereby certify that information contained in this application is true and correct.

Signature of applicant Date Title of applicant

OFFICE USE ONLY
Pesticide Operational Area Containment Registration

Revised 6/19

This is to certify that the Pesticide Operational Area Containment described in the application is hereby registered with the South Dakota Department of Agriculture.

Registration Number: _____ **Date Registered:** _____

Reviewed By: _____