

APPLICATION FOR OPERATIONAL AREA CONTAINMENT REGISTRATION

Firm/person making application:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number: _____

Firm/person who will operate containment:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number: _____

Firm who will construct/install/modify site:

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone number: _____

Nature of terrain: (circle one)

Level Hillside or step slope Valley Hilltop

Slight slope Natural depressions with no outlet

Other (Describe) _____

Legal description of operational area:

County _____

City _____

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

(Q2) _____ ¼ of the (Q1) _____ ¼ of

Section # _____ of Township # _____

of Range # _____

Type of containment:

New OR Existing

Stationary OR Portable

Concrete Steel Synthetic Other, describe: _____

General Soil Type:

(Circle one): Clay Gravel Sand Loam Peat

Other (describe) _____

Is a local permit required for this construction?

Yes No (If yes, include copy)

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 _____	Capacity _____	Capacity _____	Capacity _____	Capacity _____
Steel _____	Steel _____	Steel _____	Steel _____	Steel _____
Poly _____	Poly _____	Poly _____	Poly _____	Poly _____
Wood _____	Wood _____	Wood _____	Wood _____	Wood _____
Other _____ (describe)	Other _____	Other _____	Other _____	Other _____

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

Aquifer Proximity to site _____ Aquifer depth _____	Well # 1 Proximity to site _____ Well depth _____ _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ of Township # _____ of Range _____	Well # 2 Proximity to site _____ Well depth _____ _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ of Township # _____ of Range _____	Well # 3 Proximity to site _____ Well depth _____ _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ of Township # _____ of Range _____
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(Attach additional sheets if there is insufficient space on the form to list the required information)

Approximate distance to and identify any surface water such as a lake, stream, drainage ditch or storm drain which lie within 1/2 mile of operational area:

YES OR NO

Lake	Y		N	Proximity to site	_____
Stream		Y	N	Proximity to site	_____
Ditch	Y		N	Proximity to site	_____
Storm Ditch		Y	N	Proximity to site	_____
Other	Y		N	Proximity to site	_____
(describe) _____					

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 _____

Reviewed by: _____ Date Reviewed _____

OFFICE USE ONLY

PESTICIDE OPERATIONAL AREA CONTAINMENT REGISTRATION

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 _____

Signed _____
Secretary of Agriculture