

Application for Liquid or Dry Fertilizer Secondary Containment

Name & address of firm proposing installation:

Location of installation:

_____ (Name)

_____ (911 Address)

_____ (Address)

_____ (County)

_____ (City) _____ (State) _____ (Zip)

_____ (City) _____ (State) _____ (Zip)

1. Is this storage/loadout to be a commercial retail/wholesale establishment, _____ or farmer owned
2. Is there a current Fertilizer License for the site? License# _____ YES NO
(Site must be licensed before approval for construction can be given, unless for a farmer owner)
3. Are the engineered plans for a liquid or dry fertilizer facility? Both Liquid Dry
4. Capacity of tank(s), (water gallons): _____ Site existing storage total: _____
5. Is there load-out/unload containment included in the design or existing? Included Existing
6. Will this installation meet distances required by the State of Iowa and local jurisdiction? YES NO
7. Is the design complete and able to comply with Chapter 44.50 - 44.58 of the Iowa Fertilizer Rules? YES NO
8. Are the submitted plans Certified and Stamped by a Professional Engineer? YES NO
9. Will personnel performing installation be properly trained in such functions? List below YES NO
Name _____ Address _____

10. Do you understand that approval must be granted from the Iowa Department of Agriculture and Land Stewardship before any construction shall commence on the proposed site? YES NO
(A copy of this application will be returned with signatures granting approval.)
11. Do you understand that affidavits of construction, in compliance with the submitted plans, must be completed prior to putting installation into service? YES NO
12. Do you understand that, if the applicant receives approval from the Iowa Department of Agriculture and Land Stewardship to install storage and does not begin such installation within 6 months of approval date, said approval becomes null and void? YES NO

Special Notes:

Note: Misinformation may result in rescinding approval

I, the undersigned, hereby state that the information contained in the above application for a new/existing storage and/or containment installation is true and correct to the best of my knowledge.

By: _____
(Name of firm, same as above) (Signature of Licensed Firm official/Contact) (Title) (Date)

Contact email: _____ Contact Phone: _____

Approved by Fertilizer Administrator:

_____ (Signature) _____ (Approval Date)

Mail application with stamped engineers plans to: Fertilizer Bureau, IDALS, Wallace State Office Building, 502 E. 9th Street, Des Moines, IA 50319