



APPLICATION FOR CONSTRUCTION OF SECONDARY CONTAINMENT

PART A – APPLICANT AND OPERATOR:

LOCATION ID: _____	PARENT ID: _____
NAME: _____ (site location)	SUBMITTED BY: _____ (mailing address, if different than location)
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
OHIO COUNTY: _____	OHIO COUNTY: _____ (all other states use "other")
PHONE NUMBER: _____	PHONE NUMBER: _____
CELL PHONE NUMBER: _____	CELL PHONE NUMBER: _____
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____

PART B – SYSTEM INFORMATION:

Specific Location: _____

System Design:

- A drawing of the plot plan is attached. Yes
- Attached is the design of a secondary containment including dimensions, height wall and distance of tanks from walls, number of tanks, capacity, diameter and height of tanks. Yes
- Design of permanent storage vessel is constructed of material recommended by the manufacturer or specific in applicable standards for use with the type of liquid to be stored. Yes
- Do you store dry fertilizer outside? Yes No
- Included is a copy of the building permit OR variance. (if applicable) Yes

I hereby certify that:

- a. The location and design of secondary containment complies with regulations 901:5-2-01 to 901:5-2-10 inclusive of the regulations for bulk fertilizer, and*
- b. The Ohio Department of Agriculture will be notified, upon completion of installation, for inspection and approval before the filling of tanks.*

Signature: _____	Title: _____	Date: _____
Approved for Construction by: _____	Date: _____	
Approved for Operation by: _____	Date: _____	