OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY

Agricultural Environmental Management Services

2800 N. Lincoln Blvd. P.O. Box 528804 Oklahoma City, Oklahoma 73152 405/522-5892

APPLICATION FOR INDIVIDUAL PERMIT TO OPERATE AN AGRICULTURAL COMPOST FACILITY

PERMIT EXEMPTION: The following facilities are exempt from the requirement to obtain a permit.

- Compost facility located on a facility permitted or licensed as a Concentrated Animal Feeding Operation or a Registered Poultry Feeding Operation.
- Compost facility being used to produce compost solely for personal use and not for commercial purposes.
- Compost facility permitted or required to be permitted by the Oklahoma Department of Environmental Quality.

Instructions: Complete Parts A & B, attach the supporting information described in Part C, and sign Part D.

<u>Part A. General Data</u>					
\square <i>New Facility</i>	\Box Expanding Facility	☐ Existing Faci	ility		
1. APPLICANT		2. FAC	CILITY		
Name	N	ame			
Address					
City					
State			Zip		
Phone	C	ounty			
Corporate Contact	Pl	none			
Facility Contact					
Driving directions to facility from					
3. OPERATOR					
Address					
State	Zip				

Part B. Facility Information

1.	Type of process:					
	☐ Windrow	☐ Static Pile	☐ In-vessel	☐ Other		
2.	Sectors Which Genera	ate Source Materials:				
	☐ Poultry operation☐ Other:	☐ Swine operation	☐ Beef/Dairy operation	☐ Agricultural		
3.	Sectors to Use Compost Products:					
	☐ Residential	☐ Commercial	☐ Industrial	☐ Agricultural		
4.	Provide a description of topography using a current 7.5 minutes topography map highlighting the location of waters of the state within three (3) miles of the facility, and an outline of the watershed drainage area with arrows indicating general direction of surface water drainage from the facility.					
5.	. Provide a soil map showing soil types at the facility and a 100-year flood plain map.					
6.	Provide a general location map showing the location(s) of a public or private drinking well, if any.					

Part C. Supporting Information

A Composting Plan that shall include but not be limited to:

- 1. Narrative describing the proposed compost facility.
- 2. A description of source materials to be composted, and the estimated amount of compost produced per month or per year.

7. Provide laboratory test reports showing the amount of nitrogen as nitrate (NO3-N) and total phosphorus (P) contained in waters of the state at the facility, including, but not limited to, groundwater from all

- 3. Design drawing and specifications for:
 - (a) Receiving, processing, storage, disposal, or reuse areas.

existing wells and surface impoundments located on the site.

- (b) Leachate collection systems.
- (c) Storage, treatment, and disposal of leachate.
- (d) Storm water drainage.
- (e) Protection of groundwater from leachate.
- (f) Any other design drawings and specifications necessary to describe the proposed operations of the facility.
- 4. Proposed operation parameters (C:N ratio, moisture content, temperature).
- 5. Site layout and construction.
- 6. Best Management Practices (BMPs) used at the site for erosion control, water pollution control, odor control, aesthetic enhancement, and provisions for fire prevention and control.
- 7. A description of the equipment and personnel necessary to operate the plant.
- 8. A description of the final use for the compost.
- 9. A notarized sworn statement signed by the owner accepting full responsibility for properly closing the facility upon termination of operation of the facility.

Enclosed is \$200.00 for a new or renewal of a permit to operate an Agricultural Compost Facility.

This permit shall be renewed every five (5) years on October 1st and may be renewed upon payment of the permit fee and the permittee shall continue compliance with the provisions of the rules and regulations of the Board.

Part D. Certification

Notarize the following statement: "I certify under penalty of law this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation."

This application to be signed by the following: (A) Corporation: The Principal Executive Office, Vice President Minimum. (B) Partnership: A general Partner. (C) Sole Proprietorship: The Proprietor.

	Name (Type or print name and title)
Signature	Date signed
STATE OF)	
) ss: COUNTY OF)	
Subscribed and sworn before me this day	of
	Notary Public
My Commission Expires:	
Commission Number:	
(SEAL)	

COMPOST FACILITY CLOSURE STATEMENT

I,	,	accept full	responsibility	for properly closi	ing the
	_ compost facility	in the event it	ceases to opera	ate, function, or is or	dered to
close by action of the Oklahoma Dep	partment of Agricu	ılture, Food, a	nd Forestry.		
			·		_
Date		Signatur	e and Title		
	ACKNOW	LEDGEMEN	Т		
			_		
STATE OF OKLAHOMA)				
COUNTY OF) ss:				
Subscribed and sworn to or affirmed	hafara ma thia	day of		20 hv	
Subscribed and sworn to or armined	before the this	day or .		, 20, by	
[Applicant]	•				
		Notary P			-
		Notally F	ruone		
(Seal)					
My Commission Expires					
Commission Number					

Instructions for Required Affidavit:

All natural persons applying for a new agriculture compost permit from the Oklahoma Department of Agriculture, Food, and Forestry (Department) are required, by the provisions of 56 O.S. Supp. 2007 §71, to provide the Department with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarized affidavits under State law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

	Affid	lavit of	
	[Applica	nt's Name]	-
STATE OF)) ss:)		
(Name)		eing first duly sworn, u	upon Applicant's oath states,
			e federal Immigration and
		Signature of App	licant
Subscribed and sworn to or af	firmed before me this	day of	, 20, by
[Applicant]			
(Seal)		Notary Public	
My Commission Expires:			
Commission Number			