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joshua.maples@ag.ok.gov

Oklahoma Department of Agriculture, Food and Forestry

Application For Anhydrous Ammonia Storage Facility

The enclosed application and information should be typed or legibly printed in ink and submitted to:

Oklahoma Department of Agriculture, Food and Forestry
Joshua Maples, Fertilizer Program Administrator
PO Box 528804
Oklahoma City, OK 73152-8804

Oklahoma Department of Agriculture, Food and Forestry
Consumer Protection Services
2800 N Lincoln Blvd, PO Box 528804
Oklahoma City, OK 73152-8804
405-522-4057 Office 405-522-4584 Fax
joshua.maples@ag.ok.gov

Application for Anhydrous Ammonia Storage Facility

Company Name _____

Mailing Address _____
 Address City State Zip County

Facility Address _____
 Physical Address City State Zip County

Legal Description _____
 Quarter Section Township Range

Application Contact: _____ Title _____

Telephone: _____ Email: _____

Please check the appropriate boxes to fully describe the nature of the project.

New Facility Construction Expansion to Existing Facility Moving an Existing Facility

Comments: (If additional space is needed, attach a separate sheet.)

**Enclose a copy of the plot plan and an aerial photo map (ASCS Family):

1. ANHYDROUS AMMONIA.

Attach a diagram to include the size, location and a piping scheme (including type of pipe and valves) of each storage container. Include all buildings, houses, petroleum storage located on or adjacent to the property, as well as, distance from property lines, including water sources, etc., within a one (1) mile radius.

Is the location outside of densely populated areas? Yes _____ No _____

Is it more than 50 feet from any property line upon which a building may be erected?

Yes _____ No _____

Is it more than 600 feet from buildings, structures, or areas used for activities such as civic, political, religious, recreational, or educational purposes, or for involuntary detention of people?

Yes _____ No _____

Is it more than 1500 feet from hospitals, nursing homes, homes for the aged and public swimming facilities?

Yes _____ No _____

Is it more than 50 feet from containers of petroleum products? Yes _____ No _____

Number of nurse tanks at this facility: _____

Has the city/county government approved the site? Yes _____ No _____ N/A _____

2. Application Certification:

I hereby certify that I am familiar with the contents of this application, the attached schedules, and I am authorized to sign this application in accordance with the Oklahoma Fertilizer Act and Rules. I agree and understand that we are to construct and operate this facility as submitted in this application and conform to all requirements of the Oklahoma Fertilizer Act and Rules.

A determination of compliance by the Department is limited in scope to a review of the information provided by the applicant with respect to applicable laws. The Department assumes no liability for the information provided or review conducted, and a determination of compliances does not warrant that the system or structure is fit for use.

Name _____ Title _____
(Print)

Signature _____ Date _____

Company Name _____