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.

Part A. General Data

☐ *New Facility* ☐ *Expanding Facility* ☐ *Existing Facility*

1. APPLICANT

Name_____
Address_____
City_____
State _____ Zip _____
Phone_____
Corporate Contact_____
Facility Contact_____

2. FACILITY

Name_____
Address_____
City_____
State_____ Zip_____
County_____
Phone_____
Legal_____

Driving directions to facility from nearest town _____

_____

3. OPERATOR_____

Address_____ City_____

State_____ Zip_____ Phone_____

Part B. Facility Information

1. Type of process:

   ☐ Windrow ☐ Static Pile ☐ In-vessel ☐ Other

2. Sectors Which Generate Source Materials:

   ☐ Poultry operation ☐ Swine operation ☐ Beef/Dairy operation ☐ Agricultural
   ☐ Other:

3. Sectors to Use Compost Products:

   ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural

4. Provide a description of topography using a current seven and one half (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.

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 existing wells and surface impoundments located on the site.

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.
3. Design drawing and specifications for:
   (a) Receiving, processing, storage, disposal, or reuse areas.
   (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 or if paying via credit card, fees apply.

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 _____, 20_____.

_____
Notary Public

My Commission Expires:_____

Commission Number: _____

(SEAL)

COMPOST FACILITY CLOSURE STATEMENT

I, _____, accept full responsibility for properly closing the _____ compost facility in the event it ceases to operate, function, or is ordered to close by action of the Oklahoma Department of Agriculture, Food, and Forestry.

_____ _____
Date Signature and Title

ACKNOWLEDGEMENT

STATE OF OKLAHOMA)
) ss:
COUNTY OF _____)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20___, by _____.
[Applicant]

_____
Notary Public

(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

Affidavit of

_____

[Applicant's Name]

STATE OF _____)
) ss:
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon Applicant's oath states,
(Name)

under penalty of perjury, as follows:

I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

_____
Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20___, by

_____.
[Applicant]

_____
Notary Public

(Seal)

My Commission Expires:

_____

_____
Commission Number