

National Board No. (from ID plate)
Previous Owner and/or Tank Location

Tank Capacity (in gallons of water)

Length of Tank

Pesticide and Fertilizer Program

1320 Research Park Dr. Manhattan, KS 66502 (785) 564-6688 KDA.PestFert@ks.gov

Anhydrous Ammonia Facility Application

Requesting approval for a: □ new facilit	y location	nodification of existi	ng facility	
Facility and/or business name:				
Full mailing address:				
Facility location (address and/or legal descri	ription):			
City:	County:		Phone:	
Submitted by (print):		Title:		
Signature:		Date Signed:		
	Site Dia	gram**		
 This application must include an accura and show the following: Location of the NH3 storage tant this application All parcels of land within at least Include the location of every re NH3 storage tank. ** it is recommended that the most recer 	k(s) relative to the protect 1,000 feet of any NI sident, business, pub	roperty lines. Describ H3 storage tank. Iden blic facility, and pub	be each storage tank tify the current use o lic road within at le	in the next section of
For this application to be approved, the foll - 1,000 feet to any "public assembly - 50 feet to any "drinking water sou - 50 feet to any "containers of petro - 50 feet to any property line - 100 feet from the surface of a public Each distance will be verified based upon the sexual example of the sexual	owing minimum separ area" rce" leum products" lic roadway he actual location and pons. Contact KDA if yo	ation distances must be	e maintained. *** ent storage tank(s).	nces.
	Tank 1	Tank 2	Tank 3	Tank 4
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Approval of Local Governing Body

If this application is for a new facility location, written approval or authorization by the appropriate government body must be attached.

Name of Local Government Body/Unit:

Plumbing Diagram ****

Provide on this page a sketch showing the tank(s) and all associated plumbing including the pump, load-in connections, and the load-out hoses/risers.

Show the relative placement of all shut-off valves, vapor relief valves, hydrostatic valves, bleed off valves, and the bleed off container.

Describe the type of plumbing materials and methods/materials used to protect the plumbing.

**** if this request is for modification of an existing facility, the changes must be clearly identified.

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