



8 ILLINOIS ADMINISTRATIVE CODE 255.180
ON-FARM STORAGE FACILITY
REGISTRATION FORM

Facility I.D. [F][C][][][][][][][][][][][][][][][] (for office use only)

Operator Name _____

Facility Name (if applicable) _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____

Location (911 Street Address) _____

City, State, Zip _____

Please provide the legal description of the land area on which the on-farm storage facilities are located:

Table with 5 columns: Quarter and Quarter-Quarter Section, Section, Township, Range, Principal Meridian. Example row: NE 1/4 of the NW 1/4, 19, 12-North, 3-West, 3rd.

County Name _____

County Code (office use only)

[][][]

Land Owner Name _____

Owner Address _____

City, State, Zip _____

On-Farm Agrichemical Storage: Please indicate type(s) of agrichemicals stored at the on-farm storage facility. Check all that apply.

Bulk Liquid Pesticide: Please provide the information requested in the table below for each bulk liquid pesticide storage tank. If additional space is needed, please attach a separate sheet.

Tank #	Capacity (gal)	Material of Construction	Tank #	Capacity (gal)	Material of Construction

Are the above tanks currently located within a containment structure? Yes No

If yes, please provide the following information regarding the containment structure:

- Material of construction: _____
- Year the structure was built _____
- Dimensions:

Width: _____ ft. _____ in. **Length:** _____ ft. _____ in. **Height:** _____ ft. _____ in.

Bulk Liquid Fertilizer: Please provide the information requested in the table below for each bulk liquid fertilizer storage tank. If additional space is needed, please attach a separate sheet.

Tank #	Capacity (gal)	Material of Construction	Tank #	Capacity (gal)	Material of Construction

Are the above tanks currently located within a containment structure? Yes No

Bulk Liquid Fertilizer: *(Continued)*

If yes, please provide the following information regarding the containment structure:

- Material of construction: _____
- Year the structure was built _____
- Dimensions:

Width: _____ ft. _____ in. **Length:** _____ ft. _____ in. **Height:** _____ ft. _____ in.

Bulk Dry Fertilizer: Please provide the information requested below regarding the bulk dry fertilizer storage structure(s). If additional space is needed, please attach a separate sheet.

Bldg #	Building Storage Capacity (tons)	Building Dimensions (feet)		No. of bins	Materials of Construction	
		Width	Length		Building	Floor

Is\Are the aforementioned storage structure(s) roofed? Yes No

Bulk Dry Pesticide: Please provide the information requested in the table below for each bulk dry pesticide storage tank. If additional space is needed, please attach a separate sheet.

Tank #	Capacity (cubic feet)	Product	Material of Construction

Are the above tanks currently located within a containment structure? Yes No

Bulk Dry Pesticide: *(Continued)*

If yes, please provide the following information regarding the containment structure:

- Material of construction: _____
- Year the structure was built _____
- Dimensions:

Width: _____ ft. _____ in. **Length:** _____ ft. _____ in. **Height:** _____ ft. _____ in.

Signature of Registrant:

Registrant's Name: _____ Title: _____

Signature: _____ Date: _____

Please be advised that, pursuant to 8 Illinois Administrative Code 255, Section 255.180 (b), these forms must be completed and submitted to the address below no later than March 31, 2003.

Questions may be addressed to the Illinois Department of Agriculture at 217/785-2427 (Voice/TDD)

Please submit these forms to:

On-farm Storage Facility Program
Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281