



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

Facility I.D. 

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 (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 indicate whether the facility is an existing facility or a proposed, new facility:

- Existing facility                       Proposed, new facility

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

Quarter and Quarter-Quarter Section	Section	Township	Range	Principal Meridian
<i>Example: NE¼ of the NW¼</i>	<i>19</i>	<i>12-North</i>	<i>3-West</i>	<i>3rd</i>

County Name \_\_\_\_\_

County Code  
(office use only)

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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 containment 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 Dry Pesticide:** *(Continued)*

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

- Material of construction: \_\_\_\_\_
- Year the containment structure was built \_\_\_\_\_
- Dimensions:

**Width:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Length:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in.

**Signature of Registrant:**

Registrant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Bulk Liquid Fertilizer:** (Continued)

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

- Material of construction: \_\_\_\_\_
- Year the containment 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