

**OKLAHOMA DEPARTMENT OF AGRICULTURE,  
FOOD, AND FORESTRY**

**Agricultural Environmental Management Services**

2800 N. Lincoln Blvd.

P.O. Box 528804

Oklahoma City, Oklahoma 73152-8804

(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**

**2. FACILITY**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

County \_\_\_\_\_

Corporate Contact \_\_\_\_\_

Phone \_\_\_\_\_

Facility Contact \_\_\_\_\_

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 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 (NO<sub>3</sub>-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.

This permit shall be renewed every five (5) years on October 1<sup>st</sup> 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 \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_