



STATE OF MISSISSIPPI
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

AERIAL APPLICATOR APPLICATION

(In completing this application please attach additional sheet(s) if necessary)

Business Name of Applicator Service:

Name of Owner:

Owner Phone:

Name of Onsite Contact (if different):

Contact Phone:

Mailing Address:

Street or P.O. Box:

City:

State:

Zip:

Physical Site Address: (If the physical address is not available indicate the nearest named road or intersection.)

Street (can not be a P.O. Box):

City:

State:

Zip:

County:

Provide Latitude and Longitude of the Hanger (entrance to airstrip):

Latitude (degrees/min/sec):

Longitude (degrees/min/sec):

Nearest Named Receiving Stream:

Number of Aircraft Used:

Type:

Do you operate any Satellite Strips? Yes No

If yes, identify their locations:

Attach a Map Identifying the Specific Location of your Primary Strip and Base of Operations.

I. WASTEWATER:

A. Low Sump Residue:

1. Does your aircraft have attachments which enable the application of all but small portions of the hopper contents to the field? Yes No

If yes, describe the attachments and estimate the volume of chemical left in the hopper:

2. Can you remove all of the remaining chemical from your aircraft by a valve or other method without opening the dump gate on your hopper? Yes No

If yes, describe how this is accomplished:

3. In detail, how do you dispose of the remaining chemical mixture in the hopper at the end of the day or prior to switching to a noncompatible mixture:

B. Hopper and Boom Cleaning:

In detail, describe how you collect and dispose of wash and rinse water generated by hopper and boom cleaning

C. Triple Rinsing of Chemical Containers:

1. Do you use an automated system for the rinsing of chemical containers?

Yes No If yes, specify:

2. If you do not use an automated system for the rinsing of chemical containers, describe the procedures utilized:

D. If you store and/or recycle the chemical mixtures generated by items a, b and c above, complete the following:

1. Provide a schematic for the storage or recycle system utilized. Include the number and volume of tanks, collection method, piping schematic, safety features and a water balance. Additionally, provide a narrative on the operation of the system.
2. Do you provide spill control around any storage and/or recycle tanks? If so, describe:

II. SOLID WASTE DISPOSAL; CHEMICAL CONTAINERS:

- A. Do you puncture chemical containers to render them nonusable? Yes No
- B. How do you store the empty containers until they are disposed of?
- C. What is the final disposal site for the chemical containers?
- D. How long do the empty containers remain on site before final disposal?

**Signature of Owner
or Authorized Representative**

Date

Submit completed application to:

**Mississippi Department of Environmental Quality
Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261**