

**Certification For Compliance With Secondary Containment
Title 21—Chapter 44(206) of the Iowa Administrative Code**

Please mark with an "X" all items which apply to your business location.

Section A

- This firm is in compliance with the regulations as specified in Title 21—Chapter 44(206) of the Iowa Administrative Code. This firm currently has met compliance by completing one of the following steps: (Please check only one.)
 - This firm currently has an exemption form on file and continues to meet all requirements of that exemption.
 - This firm has submitted plans, built a containment facility and submitted a Certificate of Completion form.
 - This facility has submitted plans, built a containment facility and submitted a Certificate of Completion form. *Name of facility submitting the Certificate of Completion if different from license applicant:*

 - The company has been renamed. The site listed at the bottom of this form has containment. A certificate of completion verifying this containment was completed and was constructed in accordance with requirements in the Iowa Administrative Code was signed by (check one)
 - ___ 1. Previous company owner
 - ___ 2. Original engineer
 - ___ 3. Other: (Print name/company/title) _____

—OR—

Section B

- I am requesting an exemption from secondary containment requirements as specified in Title 21—44(206) of the Iowa Administrative Code for the following reasons:
 - 1. No bulk pesticides (greater than 55 gallons or 100 pounds dry) are stored in nonmobile bulk storage tanks at this site.
 - 2. Pesticides (of any sized packaging) are stored at this location for less than 30 days per year.
 - 3. Less than 300 gallons of liquid or less than 300 pounds of dry pesticides are mixed, repackaged or transferred from one container to another within a 30-day period.
 - 4. All pesticide mixing, loading, unloading, repackaging and all rinsing or cleaning of equipment related to this licensee's operation will take place in the field of application
 - 5. Other: (Print:) _____

Signed this _____ day of _____, _____

(day) (month) (year)

Signature of responsible person and title

Name of responsible person and title (printed)

Name of company as it appears on pesticide license application

Street address of facility business and, if different, mailing address

City, state and zip code

Please return this completed document to:

If this form does not meet your needs relative to your facility's containment situation, or should you have questions regarding this form, please call 515-281-5601. Office hours are 8 a.m. to 4:30 p.m., Monday through Friday.

Pesticide Bureau
Iowa Department of Agriculture and Land Stewardship
Henry A. Wallace Building
502 East 9th St.
Des Moines, IA 50319-0051

<http://www.agriculture.state.ia.us/pesticidebureau.htm>