Chemical Management Plan - Supplement

Name of Operation & Address (please print)			For NDEQ use
City/Town	State	Zip Code	
Phone No			
IIS No	(if kno	own)	
	nimal feeding operati		or other pesticides or disinfectants) micals used for farming practices as
If yes, indicate the area	a chemicals are store	d on a site map or	describe the storage area location(s)
where this normally or	core petroleum produ	cts, fuels, lubrican	on site please indicate the location ts or oils, used oils or antifreeze on No
If yes, indicate		re stored on a site i	map or describe the storage area
If used, attach an aeria mixing/loading area.	l photo or site map s	howing the location	n of storage areas and
Disposal of Chemical	s in the Livestock V	Vaste Control Fac	ility is prohibited.
Additional information Department of Agriculture			es is available through Nebraska
For additional informa	tion on bulk fuel stor	rage contact the Ne	ebraska State Fire Marshal.
*Printed or type	d name of Authorized 1	representative	
			Date:

^{*}Signature of Authorized Representative

^{*}Signature not required if supplement submitted within a complete application.