



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4500



OFFICE USE ONLY	
RP Name:	
Discharge Site Location:	
Permit Number:	

ACCP Landspreading Agreement Form (Section 94.73, Wis. Stats.)

PART I – Landspreading Site Information

Field 1		Field 2	
Location: _____ ¼ of the _____ ¼, Section _____, Town _____ N, Range _____ E or W (Circle one)		Location: _____ ¼ of the _____ ¼, Section _____, Town _____ N, Range _____ E or W (Circle one)	
Proposed Crop:	Acres in this Field:	Proposed Crop:	Acres in this Field:
Proposed Landspreading Date(s):		Proposed Landspreading Date(s):	
Proposed Landspreading Method:		Proposed Landspreading Method:	
Total Soil to be applied to this Field (yds ³):		Total Soil to be applied to this Field (yds ³):	
Proposed Tillage Method for this Field:		Proposed Tillage Method for this Field:	
Proposed Tillage Timing: Spring <input type="checkbox"/> Fall <input type="checkbox"/> (Check one)		Proposed Tillage Timing: Spring <input type="checkbox"/> Fall <input type="checkbox"/> (Check one)	

PART II – Product Credit

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Contaminant (Common Name)	Proposed Credit (lbs./acre)	Contaminant (Common Name)	Proposed Credit (lbs./acre)

PART III – Landowner Agreement

I agree to take the credits listed in Part II for the nutrients and/or pesticide active ingredients applied to the field(s) listed in Part 1. I also agree to plant the crop listed in Part I of this form and disclose this information to any person who may grow crops on this field within 18 months of landspreading event. _____ Landowner's Name (Print or Type) _____ Landowner's Signature	Mailing Address _____ City _____ State _____ Zip Code _____ Telephone (_____) _____
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