



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
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OFFICE USE ONLY	
RP Name:	
Case Number:	

ACCP Landspreading Post-Application Report (Section 94.73, Wis. Stats.)

PART I	
Landspreading Date(s):	Total Estimated Volume Landspread:
Landspreading Equipment Used:	Total Estimated Nitrogen (lbs):
Problems Encountered During Landspreading:	Total Estimated Pesticides (lbs):
	Method of Calibration:
PART II – Landspreading Site Information	
Field ID	Actual Acreage Covered
PART III – Landspreading Permit Holder	
I am submitting this form per the requirements of sec. ATCP 35.03(6), Wis. Admin. Code. The information listed above is true and accurate to the best of my knowledge. Furthermore, I certify that the landowner has been informed of the amount of product landspread on each field.	
_____ Permit Holder Signature	_____ Permit Holder Name (Print or Type)