



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:	
Case Number:	
Soil Lot/Stockpile:	
Application Site Crop:	

### ACCP Landspreading Calculation Form (Section 94.73, Wis. Stats.)

Active Ingredient	(A) Excavated Soil (yds <sup>3</sup> )	X	Concentration (ppm)	X	Soil Density (lbs/ft <sup>3</sup> )	÷	Label Application Rate (lbs/acre)	X	Safety Factor	÷	Conversion Factor (37,037)	=	Land Required (acres)
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	
		X		X		÷		X		÷	37,037	=	

Name of Certified Applicator Overseeing Application:	(B) Total Acres Required	=	
Certification Number (if applicable):	Soil Application Rate (yds <sup>3</sup> /acre) = (A) ÷ (B)	=	

I certify that I completed and reviewed all of the information included on this form and it is true and correct to the best of my knowledge.

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_