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| ARM-ACM-339.docx rev.01/2021 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementBureau of Agrichemical ManagementPO Box 8911, Madison WI 53708-8911Phone: (608) 224-4500 | OFFICE USE ONLY |
| RP Name:       |
| Case Number:       |
|  |
| ACCP LANDSPREADING PERMIT | *(s. 94.73, Wis. Stats.)* |

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| SECTION 1: Contaminant Information |
| [ ]  Soil; Total Volume (yd3):       | [ ]  Water; Total Volume (gal):       |
| Agrichemicals Present | Mass (lb) | Credit (lb/acre) | Agrichemicals Present | Mass (lb) | Credit (lb/acre) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| SECTION 2: Landspreading Requirements |
| Minimum Acres Required:       | Maximum Soil/Water Application Rate (yd3 or gal per acre):       |
| Crop to be grown:       and year:       |
| All landspreading must be performed prior to:  |
| [ ]  Date: Click or tap to enter a date. Or [ ]  Frost greater than 2” deep (fall application only) |
| All landspreading must be set back a minimum of 100 feet from points where field runoff enters a perennial or intermittent stream or river; a minimum of 200 feet from natural or impounded lakes or reservoirs, and a minimum of 100 feet from wells, including abandoned wells, drinking water and irrigation wells, drainage wells and sinkholes. |

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| SECTION 3: Landspreading Site Information |
| Field ID | Township | Town | Range | Section | Quarter | Qtr-Qtr | Approx.Area (Acres) |
|       |       |       | N |       |  |       |       |       |       |
|       |       |       | N |       |  |       |       |       |       |
|       |       |       | N |       |  |       |       |       |       |
|       |       |       | N |       |  |       |       |       |       |
|       |       |       | N |       |  |       |       |       |       |
|       |       |       | N |       |  |       |       |       |       |

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| SECTION 4: Signatures |
| Landowner |
| LANDOWNER’S NAME       | PHONE: (     )     -      |
| MAILING ADDRESS STREET:      | CITY:      | STATE:   | ZIP:      |
| I agree to plant the crops identified in Section 2 of this permit and to take the application credits for the amount of applied nutrient and/or pesticide active ingredients identified in Section 1 of this permit. |
|       |  |       |
| SIGNATURE |  | DATE |

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| SECTION 4: Signatures continued |
| Responsible Person |
| The Department of Agriculture, Trade and Consumer Protection (DATCP) is authorizing you to landspread soil contaminated with agricultural chemicals, per s. 94.73(2)(d), Wis. Stats. Landspreading of any unreported contaminants or any higher concentrations of the known compounds invalidates this permit and violates s. ATCP 35.03, Wis. Adm. Code.I certify that all information included on this form is true and correct to the best of my knowledge and that I will comply with all conditions stated in Section 2 of this permit. In addition, I agree to complete and submit a post-application report to the department within 30 days of the land application. |
|       |  |       |
| SIGNATURE |  | DATE |

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| *Applicator* |
| Soil or water containing restricted-use pesticide ingredients may only be landspread by or under the supervision of a DATCP-certified applicator. A certified applicator must be on site during application of any restricted-use pesticide-contaminated media to ensure that applications are consistent with pesticide label requirements. |
|       |  |       |
| SIGNATURE |  | CERTIFICATION NUMBER (for pesticides) |

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| *DATCP Authorization* |
|  |
|       |  |       |
| SIGNATURE |  | DATE |

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. s. 15.04(1)(m).