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| ARM-ACM-334.docx rev.01/2021 | | |
|  | 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: |
| Case Number: |
|  |
| ACCP LANDSPREADING POST-APPLICATION REPORT | | |
| *(s. 94.73, Wis. Stats.)* | | |

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| PART I | |
| LANDSPREADING DATE(S): | TOTAL ESTIMATED VOLUME LANDSPREAD:: |
| LANDSPREADING EQUIPMENT USED: | PROPOSED TILLAGE METHOD FOR THIS FIELD: |
| LANDSPREAD BY: | TOTAL ESTIMATED PESTICIDES (LBS): |
| PROBLEMS ENCOUNTERED DURING LANDSPREADING: | |
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| PART II – Landspreading Site Information | |
| Field ID | Actual Acreage Covered |
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| PART III – Landspreading Permit Holder | | | |
| I am submitting this form per the requirements of s. 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 NAME (PRINT OR TYPE) |  | PERMIT HOLDER SIGNATURE |

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).