|  |
| --- |
| ARM-ACM-334.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 POST-APPLICATION REPORT |
| *(s. 94.73, Wis. Stats.)* |

|  |
| --- |
| 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: |
|       |

|  |
| --- |
| PART II – Landspreading Site Information |
| Field ID | Actual Acreage Covered |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

|  |
| --- |
| 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).