



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 Land Use Agreement Form (Section 94.73, Wis. Stats.)

PART I – Tillage Information and Costs	
Field 1	Field 2
Tillage method #1, and proposed acreage:	Tillage method #1, and proposed acreage:
Tillage method #2, and proposed acreage:	Tillage method #2, and proposed acreage:
Per acre cost for tillage method #1 (\$/acre):	Per acre cost for tillage method #1 (\$/acre):
Per acre cost for tillage method #2 (\$/acre):	Per acre cost for tillage method #2 (\$/acre):
TOTAL ESTIMATED TILLAGE COST:	TOTAL ESTIMATED TILLAGE COST:
PART II – Land Access Fees	
Estimated landspreading rate (yds ³ /acre):	Estimated landspreading rate (yds ³ /acre):
Land access fee (\$/yd ³):	Land access fee (\$/yd ³):
TOTAL ESTIMATED LAND ACCESS COST:	TOTAL ESTIMATED LAND ACCESS COST:
PART III – Landowner Agreement	PART III – Landowner Agreement
<p>I am the owner of the fields identified above and I understand that the actual amount of soil spread on these fields may vary from the estimate, and, as a result, the final land use costs may vary. I also understand that nitrogen testing is available to me so that I can adjust my nitrogen inputs for these fields.</p> <p>_____</p> <p style="text-align: center;">Landowner's Name (Print or Type)</p> <p>_____</p> <p style="text-align: center;">Landowner's Signature</p>	<p>I agree to pay the landowner the costs identified in Part I and Part II of this form. Furthermore, I agree that any rocks or debris greater than 1" in diameter will be screened prior to landspreading.</p> <p>_____</p> <p style="text-align: center;">Responsible Person's Name (Print or Type)</p> <p>_____</p> <p style="text-align: center;">Responsible Person's Signature</p>

* The Department may reimburse land access costs up to \$0.50 per cubic yard of landspread soil.