

GENERAL INSTRUCTIONS

FOR COMPLETING THE LAND APPLICATION AGREEMENT FORM

These instructions will assist in completing the KDHE Land Application Agreement Form for land application of contaminated soil and/or water. The Agreement Form is to be legibly printed in ink, or typed.

- 1.** Provide the name of the site, or incident location, from which the contaminated material is being removed for land application. Use the same name as that in Section 1 of the Land Application Work Plan.
- 2.** Provide the name of the responsible/voluntary party; that person is to sign and date the agreement form.
- 3.** Provide the name of the applicator that will perform the land spreading; that person is to sign and date the agreement form. If the applicator is a commercial applicator, include the name of the company and Pesticide Applicator License Number.
- 4.** Provide the name of the owner of the property on which the land application will occur; that person is to sign and date the agreement form. If the property is commercially owned, provide the name of the institution; the manager or operator of the property is to sign and date the agreement form.
- 5.** Provide the name of the certified agronomist/crop advisor that developed the work plan (including contaminant application rate) for the contaminated material; that person is to sign and date the agreement form.

LAND APPLICATION AGREEMENT FORM

By signing this Agreement form, both parties agree to the terms and conditions for the land application of soil or water containing nitrogen and other contaminants identified on the Land Application Work Plan, if applicable, removed from _____ site in accordance with the applicable and correct rates, crops/beneficial use, application timing, and acres as developed by the certified agronomist/crop advisor below. The responsible/voluntary party agrees to report to KDHE within 30 days of the completion of land application.

Both parties understand that the KDHE may monitor compliance with the terms of this work plan by conducting on-site inspections, sampling, or other oversight activities. KDHE reserves the right to modify or rescind this proposal for just and reasonable cause upon written notification to the parties.

Name of Responsible/Voluntary Party (Please type or print)

Signature

Date

Name of Applicator (Please type or print)

Signature

Date

*KS Pesticide Applicator Business License Number _____

If landowner is applying the material to his own land, a KS Pesticide Applicator Business License is not required

As Landowner of the property that is to receive the land application, I, _____, agree to provide access to my property for the purposes of land application at rates determined by the certified agronomist/crop advisor below. I also agree to comply with all applicable restrictions stated on the label of the products determined to be present in the contaminated material being land applied, and to follow reasonable agronomic practices that take into account contributions from this application in my future pesticide, nutrient, and fertility program.

I understand and agree that the KDHE may monitor compliance with the terms of this work plan by conducting on-site inspections, sampling, or other oversight activities. KDHE reserves the right to modify or rescind this proposal for just and reasonable cause upon written notification to the parties.

Name of Land Owner (Please print or type)

Signature

Date

As a certified agronomist/crop advisor, I, _____, verify this work plan was developed in accordance with the applicable and correct rates, crops/beneficial use, application timing, and acres for land application of soil or water containing fertilizers, pesticides, or herbicides removed from _____ site. I further verify that I am aware of and have taken into account all contaminants of concern associated with the material to be land applied when determining application rates.

Name of Certified Agronomist/Crop Advisor (Please print or type)

Signature

Date