



Kansas Department of Agriculture  
 Pesticide & Fertilizer Program  
 1320 Research Park Dr.  
 Manhattan, KS 66502  
 785-564-6688  
 KDA.PestFert@KS.GOV

## APPLICATION FOR CHEMIGATION USER'S PERMIT (CUP)

(PLEASE PRINT OR TYPE)

1. Permit to be Issued to: \_\_\_\_\_  New  Renewal No \_\_\_\_\_

*Must be owner or operator of land on which chemigation is to be used*

Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

Land Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

SSN (if individual): \_\_\_\_\_ Fed. Tax I.D. No. (if business): \_\_\_\_\_

2. (Check One)  Individual  Partnership  Corporation  Association  Other (explain) \_\_\_\_\_

List the names and addresses of the officers or partners. (Attach a separate sheet, if necessary)

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street (or R.R. & Box No.) City County State ZIP

3. For each POINT OF DIVERSION (PDIV) which supplies water to an irrigation distribution system to be used for chemigation under this permit, list the legal description, Water Right File number, county abbreviation, and type of system.

**DO NOT REPORT CENTER PIVOT LOCATIONS.**

Legal Description of PDIV ¼ ¼ ¼ Section/Township/Range	Water Right File No.	County Abbrev.	System Type (Check One) (cp=center pivot; dp=drip; fl=flood; o=other/explain)			
1 _____	_____	_____	cp _____	dp _____	fl _____	o _____
<b>Additional PDIV Fee: \$15 each</b>						
2 _____	_____	_____	cp _____	dp _____	fl _____	o _____
3 _____	_____	_____	cp _____	dp _____	fl _____	o _____
4 _____	_____	_____	cp _____	dp _____	fl _____	o _____
5 _____	_____	_____	cp _____	dp _____	fl _____	o _____

(Attach a separate sheet, if necessary)

4. Chemigation **Equipment Operator** (CEO). List operator(s) who will be operating chemigation equipment under this User's Permit:

Name	(Check One)
_____	<input type="checkbox"/> New/Expired * <input type="checkbox"/> Currently Certified CEO No. _____ **
_____	<input type="checkbox"/> New/Expired * <input type="checkbox"/> Currently Certified CEO No. _____ **

(Attach a separate sheet, if necessary)

\* CEO Application + Exam Answer Sheet + \$25 must be enclosed with this application.

\*\* DO NOT SUBMIT PAYMENT IF CEO CURRENTLY CERTIFIED.

5. Applicant Signature: I hereby certify that each of the above irrigation systems has been equipped with all of the required chemigation equipment specified by the Kansas Chemigation Safety Law as outlined in the INFORMATION AND REQUIREMENTS leaflet. I certify that all systems added to my permit comply with the PLAN FOR HANDLING TAILWATER and the PLAN FOR USING REQUIRED ANTI-POLLUTION DEVICES submitted with this application. I have read the INFORMATION AND REQUIREMENTS and am aware that copies of the Kansas Chemigation Safety Law and Regulations are available upon request.

Signature (Required): \_\_\_\_\_ Date (Required): \_\_\_\_\_

_____ KDA TR No	CHP (\$75 1 <sup>st</sup> PDIV)	\$ _____
_____ Check No.	WS (\$15 ea. add'l)	\$ _____
_____ Check Amount	CHE (\$25 ea.)	\$ _____
	This Application Amt.	\$ _____

PERMIT NO.	_____
ISSUED DATE	_____
REGION	_____

## APPLICATION INSTRUCTIONS

1. PLEASE PRINT OR TYPE CLEARLY! If you use a ballpoint pen, press firmly.
2. If more space is needed for supplying required information, please attach a separate piece of paper.
3. PARTS 1-2: Indicate if new or renewal. Chemigation User's Permits (CUP) are issued to the owner or operator of land on which chemigation is to be used. Indicate if individual, partnership, corporation, association, or other. PART 2.A: If the applicant is a partnership, etc., enter the names, addresses and birth dates of the officers and/or partners. PART 2B: Enter other information about the entity.
4. PART 3: Each location should be listed by legal description. The well location or point of diversion (PDIV) should be stated as quarter/quarter/quarter, Section/Township/Range (Example: NW NE SE 23-21-15W) or in feet from the southeast corner of the respective section (Example: 3960' North and 1320' West of SE corner, 23-21-15W). Only PDIV's should be reported. **DO NOT REPORT CENTER PIVOT LOCATIONS!**
5. PART 4: To receive a CUP, each applicant must be a Certified Chemigation Equipment Operator (CEO) or employ at least one individual currently certified as a Chemigation Equipment Operator. List new/recertified/current operator(s) with CEO certification numbers. Five-year certification/recertification is accomplished by successfully passing an open book chemigation exam, completing an application and paying the fee. Certification exams are available through this office or local extension offices. No individual shall supervise more than 10 *operating* chemigation units at one time.
6. FEES: The CUP fee is payable annually only on PDIV's when the chemigation process is to be used:
  - \$75 = first PDIV
  - \$15 = 2<sup>nd</sup> and each additional PDIV
  - \$25 = CEO 5-year certification/recertification

Both fees may be combined and one check issued. Payment may be made by Money Order or check payable to: *Kansas Department of Agriculture*, or by DISCOVER, the only credit card that will be accepted, which charges an additional convenience fee of 2.25% of the total remitted amount. Fees must accompany this application. Sending currency through the mail is discouraged. Your canceled check is your receipt. Please use the fee schedule and calculation table below to prevent over/under payment.
7. Other Kansas Chemigation Safety Law registration requirements are:
  - a. Each application for a new (renewal excluded) permit *must* be accompanied by Form CSL-457, PLAN FOR USING REQUIRED ANTI-POLLUTION DEVICES. This form must include or be applicable to each PDIV listed in PART 3. The requirements for anti-pollution devices are listed in the leaflet entitled, "KANSAS CHEMIGATION SAFETY LAW, INFORMATION AND REQUIREMENTS." Verify your compliance by signing and dating this form.
  - b. Each application for a new (renewal excluded) permit *must* be accompanied by Form CSL-120, PLAN FOR HANDLING TAILWATER. The plan must address or be applicable to all water sources listed in PART 3. Irrigation systems that do not produce water accumulations should be identified as such. The plan should describe the precautions taken and methods used to assure that water containing pesticides, fertilizers or other chemicals, or animal wastes does not leave the area intended for treatment. This form must be signed and dated.

CHEMIGATION FEE SCHEDULE AND CALCULATION TABLE <i>FOR USE BY APPLICANT</i>		
1 <sup>st</sup> PDIV		\$75    \$ 75.00
Each Additional PDIV	___ X \$15 ea. =	\$
<b>TOTAL PDIV FEES</b>		<b>\$</b>
Total CEO(s), New/Recertified + EXAM SHEET + APP MUST BE ATTACHED	___ X \$25 ea. =	\$
<b>TOTAL CEO FEES</b>		<b>\$</b>
<b>TOTAL CHEMIGATION FEES FOR CURRENT YEAR</b>		<b>\$</b>
Your Check No.	Dated	<i>Make check/money order payable to</i> <b>Kansas Department of Agriculture</b>