

REQUEST FOR WOOD ASH APPLICATION

DATE _____

CONTACT _____
PHONE _____

LANDOWNER

LEASER

address _____

address _____

COUNTY _____

Pd _____ *Inv#* _____ *Rct#* _____

<u>FIELD #</u>	<u>ACRES</u>	<u>DESC</u>	<u>SEC</u>	<u>TWP</u>	<u>RANGE</u>	<u>TWP NAME</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

ACCEPTABLE
SOILS
(Approved)

RESTRICTED
SOILS
(Do not apply wood ash)

CAUTIONARY
SOILS
(Apply wood ash with caution)

TOPOGRAPHY See Attached Information _____
Not Available in this office _____

CROP HISTORY

OTHER INFORMATION

Processing companies will haul the ash to site.