



**Pesticide and Fertilizer Program**

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 Manhattan, KS 66502  
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**New Chemigation User's Permit (CUP) Application**

Permit To Be Issued To:		
Mailing Address:	City, State, Zip:	County:
Phone:	Email:	

Please list the **permit type** and complete the information in the space provided for officer(s) or partner(s). Attach separate sheet, if necessary.

Permit Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other: _____		
Name of Officer/Partner:	Title:	
Mailing Address:	City, State, Zip:	County:

For each **point of diversion (PDIV)** which supplies water to an irrigation system to be used for chemigation under this permit, list the legal description, water right file number, county abbreviation, and type of system. Attach separate sheet, if necessary.

Legal Description of PDIV ¼ ¼ ¼ Section/Township/Range	Water Right File No.	County Abbreviation	System Type (check one) cp=center pivot; dp=drip; fl=flood; o=other			
<b>First PDIV Fee: \$75.00</b>						
1. _____	_____	_____	cp _____	dp _____	fl _____	o _____
<b>Additional PDIV Fee: \$15.00 each</b>						
2. _____	_____	_____	cp _____	dp _____	fl _____	o _____
3. _____	_____	_____	cp _____	dp _____	fl _____	o _____
4. _____	_____	_____	cp _____	dp _____	fl _____	o _____
5. _____	_____	_____	cp _____	dp _____	fl _____	o _____

List **Chemigation Equipment Operator(s) (CEO)** who will be operating chemigation equipment under this User's Permit. Attach separate sheet, if necessary. Each CEO may supervise no more than 10 PDIVs.

Name	Check One
_____	<input type="checkbox"/> New * <input type="checkbox"/> Expired * <input type="checkbox"/> Currently Certified CEO ** Number: _____
_____	<input type="checkbox"/> New * <input type="checkbox"/> Expired * <input type="checkbox"/> Currently Certified CEO ** Number: _____

\* CEO Application + Exam Answer Sheet + \$25.00 must be enclosed with this application.  
 \*\* DO NOT submit payment if CEO is currently certified.

**DO NOT WRITE IN THIS BOX** (For Kansas Department of Agriculture use only)

Fee	Code	Transaction No.	CH	ACH	MO	
\$75	CHP (1 <sup>st</sup> PDIV)					Permit No.
	WS (\$15 ea. add'l)					Issue Date:
	CHE (\$25 ea.)					Region:

## Application Instructions

1. Please print or type clearly.
2. If more space is needed for supplying information, please attach a separate sheet of paper.
3. **PARTS 1-2:** 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, cooperation, association, or other.
  - a. Part 2A: if the applicant is a partnership, etc., enter the names, and addresses of the officers and/or partners.
  - b. 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 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 PDIVs 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 number(s). 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. Each CEO may supervise no more than 10 PDIVs.
6. **Fees:** The CUP fee is payable annually only on PDIVs when the chemigation process is to be used: \$75 = first PDIV; \$15 = 2nd 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. You may also submit a credit card or e-check payment using our electronic payment form, found at <https://agriculture.ks.gov/document-services/records-center>. 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 to prevent over/under payment.

Chemigation Fee Schedule and Calculation Table		
1 <sup>st</sup> PDIV	1 x \$75.00 =	\$ 75.00
Each Additional PDIV	_____ x \$15.00 each =	\$
Total PDIV Fees		\$
Total CEO(s), New/Recertified + Exam Sheet + Application	_____ x \$25.00 each =	\$
Total CEO Fees		\$
<b>Total Chemigation Fees for Current Year</b>		<b>\$</b>
Make check or money order payable to: <b>Kansas Department of Agriculture</b>	<b>Check Number:</b>	<b>Dated:</b>

7. Other Kansas Chemigation Safety Law registration requirements are:
  - a. Each application for a new 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 and return with this application.**
  - 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 and returned with this application.**

I hereby certify that each of the above irrigation systems has been equipped with all 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:	Date Signed:
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