

**LAND TREATMENT  
INFORMATION SHEET**

To avoid having your application rejected, please **READ** prior to submitting your application.

**1. FILING INSTRUCTIONS:**

- A. Filing fee: Non-refundable \$150.00 filing fee.
- B. Submit ONE APPLICATION PER PROJECT.
- C. Complete all questions and SIGN the application on Page 3.

**2. SIGNATURE(S):**

The application **MUST BE SIGNED BY THE LESSEE(S)/PERMITTEE(S) OF RECORD**. If anyone other than the lessee(s)/permittee(s) signs this application, a notarized written authorization (Power of Attorney) must accompany the application. An additional \$50.00 filing fee is required when filing a Power of Attorney.

**3. ACREAGE LIMITATION:**

Land Treatment Applications shall be limited to the scope of work that can feasibly be completed within 12 months from the date of approval. Each ground disturbing Land Treatment Application shall be limited to a maximum of 4,000 treatable acres. Acreage in leave areas (areas not treated due to slope, cultural resources, depth to bedrock, protected plants or wildlife habitat) is not considered as treatable. Applicants should discuss proposed land treatments with their Range Resource Area Manager prior to submitting an application to determine whether the project needs to be divided into phases. A separate application shall be filed for each phase. Applicants may use Arizona State Museum (ASM) approved archaeological consultants for archaeological clearances. These consultants must prepare a survey Report meeting ASM and ASLD requirements. The applicant shall submit this report to the ASLD prior to approval of the application.

**4. WRITTEN APPROVAL REQUIRED:**

**WRITTEN APPROVAL OF THE STATE LAND COMMISSIONER IS REQUIRED BEFORE A LAND TREATMENT CAN BE COMMENCED.**

**5. PROCESSING TIME:**

**PLAN AHEAD.** Expect a minimum of ninety days processing time for this application to be reviewed by the State Land Department. This application must be reviewed by some or all of the following agencies: Arizona Game and Fish Department, Arizona State Museum, State Historic Preservation Office, Arizona Department of Agriculture, and the Forestry Division. These agencies require between thirty (30) and sixty (60) days to review and respond to the Department.

**6. OTHER REQUIREMENTS:**

Land treatments may impact archaeological sites, threaten wildlife species, protected plants and natural products with commercial value, such as fuel wood or cactus. The approved Land Treatment application may include specific conditions which will lessen the impact on these resources. All conditions incorporated into an approved application **MUST** be adhered to.

**7. ASSISTANCE:**

Contact one of the following Sections for technical assistance, if required.

<b>Agriculture</b>	<b>(602) 542-3500</b>
<b>Commercial</b>	<b>(602) 542-1704</b>
<b>Grazing</b>	<b>(602) 542-4625</b>
<b>Homesite</b>	<b>(602) 542-1704</b>
<b>Title and Contracts</b>	<b>(602) 542-4602</b>

**Arizona State Land Department  
1616 West Adams  
Phoenix, Arizona 85007**

RETURN TO:

ROLODEX # \_\_\_\_\_

ARIZONA STATE LAND DEPARTMENT  
PUBLIC COUNTER  
1616 WEST ADAMS  
PHOENIX, ARIZONA 85007

DEPARTMENTAL USE ONLY	
ACCOUNTING	T & C
Filing Fee: \$150 (28)	Exam: _____ App Entry _____

LEASE/PERMIT # \_\_\_\_\_ - \_\_\_\_\_

SUBMIT NON-REFUNDABLE  
\$150 FILING FEE

## LAND TREATMENT APPLICATION

**COMPLETE ALL QUESTIONS, SIGN AND SUBMIT APPLICATION WITH NON-REFUNDABLE \$150 filing fee.**

Applicant hereby makes application and request permission from the Arizona State Land Department for Land Treatment on State land described below, which is administered in accordance with the statutes of the State of Arizona and the State Land Department rules.

### 1. STATE LESSEE OR PERMITTEE:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Contact Person Phone No.

\_\_\_\_\_  
Email Address (optional)

### 2. PURPOSE AND TIME OF YEAR:

A. Purpose and description of the Land Treatment:

\_\_\_\_\_  
\_\_\_\_\_

B. Specify the time of year (month) for the Land Treatment: \_\_\_\_\_

### 3. LEGAL DESCRIPTION/LOCATION OF PROPOSED LAND TREATMENT:

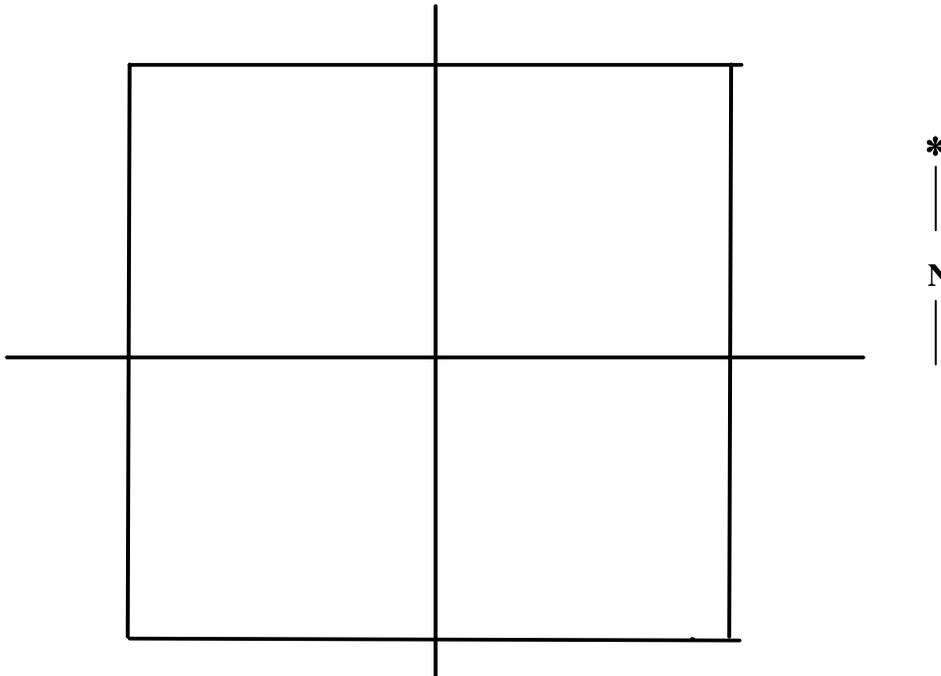
<u>TWN.</u>	<u>RNG.</u>	<u>SEC.</u>	<u>LOCATION OF LAND TREATMENT WITHIN SECTION</u>	<u>START DATE</u>	<u>COMPLETION DATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### 4. ENVIRONMENTAL PERMITS:

Have you acquired all necessary permits from the Arizona Department of Environmental Quality, Arizona Department of Agriculture, Corps of Engineers and/or County Health Department?

Yes  No





**9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.**

**SIGNATURE**

\_\_\_\_\_  
 (Name of Corporation, Partnership, etc.)      Date

\_\_\_\_\_  
 Signature of Lessee/Permittee (Individual)

Date

\_\_\_\_\_  
 Signature      Title

\_\_\_\_\_  
 Signature of Lessee/Permittee (Individual)

Date

**DEPARTMENTAL USE ONLY**

- 1. Application for Land Treatment is APPROVED.
- 2. Additional Conditions are attached and made a part of this permission.
- 3. The Land Treatment must be completed by \_\_\_\_\_ or WRITTEN APPROVAL to extend this permission must be received from the Department.
- 4. The Applicant must submit a REPORT OF IMPROVEMENTS WITH PRIOR APPROVAL to the Department within 10 days following the completion of the Land Treatment.

**STATE OF ARIZONA  
 STATE LAND COMMISSIONER**

(SEAL)

By: \_\_\_\_\_  
 Date

5. Application for Land Treatment is DENIED. Order No. \_\_\_\_\_ Date \_\_\_\_\_

6. Application for Land Treatment is REJECTED for the following reason: \_\_\_\_\_

ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

**These two pages are part of the application - DO NOT DETACH.**

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<b><u>WASTE TIRES</u></b> The collection of waste tires? If yes, explain: _____	_____
_____	_____	<b><u>LEAD ACID BATTERIES</u></b> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
_____	_____	<b><u>DISCHARGE IMPACTING GROUNDWATER</u></b> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
_____	_____	<b><u>PESTICIDES?</u></b> If yes, explain use: _____	_____
_____	_____	<b><u>DRY WELLS?</u></b> If yes, ADEQ Registration #(s): _____	_____
_____	_____	<b><u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u></b> If yes, explain: _____	_____
_____	_____	<b><u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u></b> Wastewater collection and/or treatment? If yes, explain: _____	_____
_____	_____	<b><u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u></b> Air contaminant emissions? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - GENERAL</u></b> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - MEDICAL WASTE</u></b> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u></b> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
_____	_____	<b><u>USED OIL</u></b> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
_____	_____	<b><u>RECYCLING ACTIVITIES?</u></b> If yes, explain: _____	_____
_____	_____	<b><u>SPECIAL WASTE</u></b> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>HAZARDOUS WASTE GENERATOR</u></b> Generating hazardous waste? If yes, explain: _____	_____
_____	_____	<b><u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u></b> If yes, explain: _____	_____

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<b><u>HAZARDOUS WASTE TRANSPORTATION?</u></b> If yes, explain: _____ _____	
_____	_____	<b><u>UNDERGROUND STORAGE TANK (UST)?</u></b> If yes, explain: _____ _____	
_____	_____	<b><u>ABOVEGROUND STORAGE TANK (AST)?</u></b> If yes, explain: _____ _____	
_____	_____	<b><u>HAZARDOUS SUBSTANCES?</u></b> If yes, explain: _____ _____	
_____	_____	<b><u>CURRENTLY UNCLASSIFIED WASTE</u></b> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:	
_____	_____	<input type="checkbox"/> Polychlorinated biphenyls (PCBs)	<input type="checkbox"/> Oil and gas exploration drilling muds
_____	_____	<input type="checkbox"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
_____	_____	<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
_____	_____	<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
_____	_____	<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
_____	_____	<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
		<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Contaminated process equipment
		<input type="checkbox"/> Industrial Sludges	
		If checked, explain waste generation process: _____ _____	
_____	_____	<b><u>SUPERFUND SITES</u></b> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area? If yes, NPor WQARF area name: _____	
_____	_____	<b><u>LAND DISTURBANCE</u></b> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____ _____	
_____	_____	<b><u>WATER WELLS</u></b> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
_____	_____	<b><u>ADJACENT LAND USES</u></b> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____ _____	
_____	_____	<b><u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u></b> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location? If yes, explain: _____ _____	
_____	_____	<b><u>PREVIOUS ENVIRONMENTAL IMPACT</u></b> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____ _____	

**ADDITIONAL COMMENTS:**