



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Agricultural Resource Management
Bureau of Agrichemical Management
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ACCP Notification Form Instructions (Section 94.73, Wis. Stats.)

A reimbursement fund has been established for sites cleaning up agricultural chemical contamination. Any responsible person who has incurred cleanup costs after January 1, 1989, may be eligible for reimbursement from this fund.

All cleanup costs at one discharge site must be submitted as one application. Therefore, if more than one responsible person might incur costs at one discharge site, each person must be notified before a reimbursement application can be submitted to the Department of Agriculture, Trade and Consumer Protection.

Use the attached notification form if more than one responsible person may have incurred cleanup costs for the same discharge site.

If you are aware of other potentially responsible persons who may have incurred costs or may incur costs in the future at this site, you must make a reasonable effort to notify them that you are submitting an application for reimbursement. If you fail to notify other potentially responsible persons, you may be held liable for the costs they were entitled to receive.

Detailed Instructions

1. On the attached **ACCP Notification Form (ACM-ARM-340)**, fill in the upper box titled "Discharge Site Information" and Sections A and B at the bottom of the form. Send a copy of the form to each potentially responsible person. You may wish to send each form by registered mail and retain the registered mail receipt. You should also retain a copy of each notification you send out.
2. After receiving your notification, each person has 30 days to notify you of their intent to submit a joint application with you. If you do not hear from the other potentially responsible persons within 30 days, you may submit your application to the Department.
3. If any other persons intend to submit costs with your application, they have a total of 60 days from the date you notified them to submit their completed forms.
4. The name and address of each person notified should be entered on the **Multiple Responsible Persons Form (ARM-ACM-335)**.
5. All responsible persons must use the same cut-off date identified on the **Total Reimbursement Costs Form (ARM-ACM-331)**.
6. Your completed forms, and the forms completed by other potentially responsible persons, must all be received by the Department in order for the application to be considered complete.