



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 8911, Madison WI 53708-8911  
 Phone: (608) 224-4522

**DISCHARGE SITE INFORMATION**

STREET ADDRESS

CITY

**ACCP NOTIFICATION FORM***(s. 94.73, Wis. Stats.)***General Information**

The Department of Agriculture, Trade and Consumer Protection (DATCP) administers a fund that reimburses costs for cleaning up agricultural chemical contamination. Anyone who has incurred clean-up costs after January 1, 1989, may be eligible for reimbursement from this fund.

All cleanup costs incurred for the discharge site identified in the box above must be submitted as part of the same application. Therefore, if more than one person has incurred costs at the same discharge site, each of them must be notified and they must all file their claim as a joint application, using the same cut-off date. Anyone that does not jointly file an application for discharges at that site, will waive their claim for costs they may have incurred on or prior to the cut-off date for the application, per s. ATCP 35.20, Wis. Adm. Code.

**This document will serve as notification to you that the person identified in Section A (below) will be filing an application for reimbursement of eligible costs which have been incurred at the site noted in the discharge site information box above.**

**Instructions**

1. If you also have cleanup costs for the discharge site identified above, you must notify the person listed in Section A within 30 days of receipt of this notice. If the person listed in Section A is not notified within the 30 day time period, you waive your eligibility for reimbursement of costs incurred on or prior to the cut-off date for the application. Once you notify the person identified in Section A, contact DATCP at (608) 224 4522 to receive an application. You have a total of 60 days, from the time you were notified, to complete and submit the application to DATCP.
2. If you do not have costs to submit, you can waive your right to file an application for reimbursement by completing Section B and returning the form to the person listed in Section A or by not returning this form within 30 days.

SECTION A			
NAME	PHONE # ( ) -	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

SECTION B	
I _____ (NAME)	am a potentially responsible person for the discharge site noted above. I waive any claim for reimbursement associated with the next application submitted to the State of Wisconsin's Agricultural Chemical Cleanup Program as set forth in s. 94.73, Wis. Stats., and ch. ATCP 35, Wis. Adm. Code.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF POTENTIALLY RESPONSIBLE PERSON

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. s. 15.04(1)(m).