

To prevent a delay in processing your reimbursement application, please verify that each responsible person submitting an application has enclosed the following:

- ❑ Completed Application Cover Sheet
- ❑ Completed Substitute W-9 Form
- ❑ Completed Multiple Responsible Person Form
- ❑ Completed Insurance Information Form and a letter from the insurer
- ❑ Map and a legal description of the discharge site and any spills that originated from the discharge site
- ❑ Completed Total Reimbursement Costs Form
- ❑ Linking spreadsheet
- ❑ Coded invoices with proof of payment attached
- ❑ Summary of estimates and accepted and rejected bids for each Service

When complete, the reimbursement application should be mailed to:

ACCP
DATCP
PO BOX 8911
MADISON WI 53708-8911



GENERAL INSTRUCTIONS

Enclosed are the forms necessary for filing an application for reimbursement from the Agricultural Chemical Cleanup Program (ACCP). Outlined below is information to help you prepare your application for reimbursement. We recommend you read ATCP 35, Wis. Adm. Code, prior to completing your application. If you have any questions regarding the application requirements or completing the forms, you should contact our office at (608) 224-4522.

Completing the Application Forms

Application Cover Sheet: Every responsible person seeking reimbursement at your discharge site must complete and return a separate Application Cover Sheet. To prevent a delay in processing your application, it is essential that you complete the entire Application Cover Sheet. Specific instructions for completion are on the back of the form.

Notification Form: If you are aware of other potentially responsible persons at this discharge site, you must let them know you are filing an application for reimbursement using this form. Once you have notified all other potentially responsible persons, they have 30 days to let you know whether or not they have costs they wish to submit with your application. If they have costs, they have an additional 30 days to complete and submit their application.

Multiple Responsible Person Form: This form should be completed and returned even if there are no other responsible persons involved. The combined amount paid to all responsible persons at a discharge site may not exceed the maximum amount specified for a single responsible person.

Total Reimbursement Costs Form: This form is used to identify the eligible costs associated with your cleanup. Eligible costs are those costs determined to be reasonable and necessary for completing a corrective action. Only those costs that have an invoice date after January 1, 1989 will be considered eligible for reimbursement. Your application should include all invoices and proof of payments for costs you have **paid** on or prior to the cut-off date listed on your application. Only costs paid after that date would be eligible for reimbursement on a future application. Your current application should not include any invoices for costs that you **paid** after the cut-off date listed on your application or that were paid more than three years prior to being submitted. Submittal of these types of costs will result in the cost being denied and double deducted.

Insurance Information Form: This form is used to identify any insurance that was in effect at the time the discharge occurred. Specific instructions for completion are included on the form. Corrective action costs that are covered by insurance are not eligible for reimbursement.

Substitute W-9: Reimbursement payments may be considered reportable income. The Substitute W-9 (Taxpayer Identification Number (TIN) Verification) form must be completed and on file with this Department for each responsible person before reimbursement can be made to them. For questions on completing this form you may contact the Department at (608) 224-4722.

Other Information to Submit

Invoices: Submit all of the invoices for each cost that will be requested for reimbursement. Specific instructions for coding invoices and an example of a coded invoice are enclosed.

When you submit an application, you should include all the invoices that you have paid prior to the cut-off date you identify on the Total Reimbursement Costs Form. Costs incurred (paid) on or prior to the cut-off date of your application are ineligible for reimbursement on future applications. This also includes costs any other responsible person may have.

Canceled Checks: Copies of the canceled checks must be included for every invoice being submitted for reimbursement. If you are unable to locate a copy of the canceled check for every invoice, you may contact the ACCP Auditor at (608) 224-4522 for additional information on submitting those invoices.

Site Map: A map indicating the legal property boundaries must be submitted with the reimbursement application. An example map is enclosed.

Legal Description: A legal description of the property boundaries must also be submitted with the application. An example description is enclosed.

Summary Statement: A statement allocating each eligible cost into the appropriate ACCP cost categories (soil investigation, soil remediation, laboratory, groundwater investigation, groundwater remediation and miscellaneous) must be submitted. This statement has been incorporated into the linking spreadsheet template.

Spreadsheet Information: A "linking" spreadsheet needs to be submitted which links each bid to each invoice and canceled check. If you would like to receive a Microsoft® Excel spreadsheet template to complete this task, you may contact our Department at (608) 224-4522. This spreadsheet is also available on the DATCP website at www.datcp.state.wi.us/arm/agriculture/pest-fert/pesticides/accp/reimbursement.jsp.

Summary of Bids, Cost Estimates and Authorizations: You should also provide all of the detailed bids of the accepted contractors, including consultants.

General Information

Tax Deductible Expenses: Based on Department of Revenue ruling 94-38 (IRS Bulletin 1994-25) the costs for cleanup at your site may be deductible as ordinary and necessary business expenses in the year in which the costs were incurred. You may wish to contact your personal tax specialist regarding this information.

Site Assessment: If a site is involved in a property transfer assessment, a pre-sale assessment, or an assessment for lending purposes, a portion of the costs associated with that site assessment may be eligible. These costs may be reimbursed if the Department determines the costs were reasonable and necessary and the information can be used for future planning of corrective actions at the site. If the site assessment produces direct evidence, knowledge of a discharge, or a sample result indicating contamination levels at or above the current Department approved levels, subsequent site cleanup costs can be considered for reimbursement.

Workplan: When cleanup costs are expected to exceed \$7,500, a workplan must be submitted for Department approval prior to implementing the corrective action.

Bidding: Include a summary listing of each accepted and rejected bid received for your project. The summary should list the name of each contractor and the estimated cost they proposed. Also include a copy of each entire bid that was accepted. For costs that were incurred after October 1, 1998, without being bid (less than \$3,000), you must include a copy of the authorization with the reimbursement application.

Multiple Contaminants: Site cleanup costs associated with products other than agricultural chemicals are not reimbursable through this fund. An explanation of how the non-agricultural costs are segregated should have been prepared when a workplan was developed for the site. The explanation of how the costs are separated should also be included with the reimbursement application.

If you have a PECFA clean up at the same discharge site as your agricultural clean up, the Department recommends that you file your PECFA and ACCP applications at the same time.

Interest: The Department will calculate and pay interest costs on all eligible costs from the time we receive a complete reimbursement application until the payment date. Interest is calculated based upon the prime interest rate on the date the Department receives a complete reimbursement application.

Twice Deducted Penalty: The Department will review all costs that are submitted for reimbursement. For all ineligible costs, the Agricultural Chemical Cleanup Council and the Department will determine if the applicant should have known the costs were ineligible. If the applicant should have known the costs were ineligible, the Department will deduct twice the amount of those costs from the application, per ATCP 35.08(5)(b), Wis. Adm. Code.

ATCP 35.14, Wis. Adm. Code, lists a number of costs ineligible for reimbursement. If you are uncertain if a cost is eligible, contact the ACCP Auditor at (608) 224-4522 and request clarification prior to submitting your application.

Subsequent Applications: A responsible person may not submit more than one application within any 12 month period for the same discharge site.

(Rev. 8/07)

INVOICE CODING INSTRUCTIONS

- 1) Invoices submitted for reimbursement must be sorted chronologically.
- 2) If the invoices you are submitting identify subcontractor costs, you must also include a copy of the subcontractor's invoice.
- 3) Proof of payment must be attached to each invoice you are submitting for reimbursement.
- 4) **Each invoice must contain a detailed explanation of the work performed.** If an invoice from your contractor does not provide that explanation, you must attach an explanation to the invoice.
- 5) Each line item on an invoice must be coded using one of the cost categories listed below. You may allocate costs into two or more categories by proving the percentage attributable to each category. Costs not eligible for ACCP reimbursement should not be coded. See the example coded invoices on the following page.

Cost Category A - Soil Investigation Costs

These costs should be coded with an "A" on the invoices and may include costs for preparing investigative workplans, consultant labor, hand sampling, drilling, equipment rental, or mobilization costs.

Cost Category B - Soil Remediation Costs

These costs should be coded with a "B" on the invoices and may include costs for preparing remedial workplans, labor, excavation equipment, transportation, backfill, or equipment rental.

Cost Category C - Analytical Costs

These costs should be coded with a "C" on the invoices and may include costs for sample analysis. Costs for expedited mail or delivery service are not eligible unless the costs are pre-approved by the Department.

Cost Category D - Groundwater Investigation Costs

These costs should be coded with a "D" on the invoices and may include costs for preparing investigative workplans, labor, sampling, installing monitoring wells, equipment rental, or mobilization costs.

Cost Category E - Groundwater Remediation Costs

These costs should be coded with an "E" on the invoices and may include costs for designing the remediation system, labor, or equipment rental.

Cost Category F - Miscellaneous Costs

These costs should be coded with an "F" on the invoices you submit for reimbursement and should only include items which cannot be classified into the above categories. Items such as travel, lodging, telephone, and mileage should be included in the category of the work performed.

EXAMPLE CODED INVOICES

ABC CONSULTING

Invoice # 10-345

	Unit	Rate	Total
Conduct Site Investigation:			
Susan Green – Hydrogeologist (dates)	xx (hours)	xx (\$/hour)	xxx <i>A</i>
Jeff Larson - Eng. Technician (dates)	xx (hours)	xx (\$/hour)	xxx <i>A</i>
Jeff Larson (mileage) (dates)	xx (miles)	xx (¢/mile)	xxx <i>A</i>
Prepare Remedial Workplan:			
John Brown – Engineer (dates)	xx	xx	xxx <i>B</i>
Susan Green – Hydrogeologist (dates)	xx	xx	xxx <i>B</i>
Subcontractor: <i>(See subcontractor invoice #23-765 for coding)</i>			
Lab fees:			
DEF Laboratories			xxx

DEF LABORATORIES

Invoice #23-765

	Unit	Rate	Total
Herbicide analysis	# analyzed	\$/analysis	xxx <i>C</i>
Petroleum analysis	# analyzed	\$/analysis	xxx
<i>(Petroleum Costs are not coded - Not eligible for ACCP reimbursement)</i>			

(Rev. 9/98)



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

**OFFICE USE ONLY**

Application Number:

Case Number:

ACCP Application Cover Sheet (Section 94.73, Wis. Stats.)**PART I – Applicant**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE + 4

PHONE NUMBER ()

FAX NUMBER ()

MAILING ADDRESS (if other than above)

PART II – Consultant

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE + 4

PHONE NUMBER ()

FAX NUMBER ()

MAILING ADDRESS (if other than above)

PART III – Discharge Site Information

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Discharge Site Address and City</p> <p>_____</p> <p>_____</p> | <p>e. Do you employ more than 25 persons? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>b. List all product(s) released at the discharge site and the date, or the time period, when the discharge occurred:</p> <p>_____</p> <p>_____</p> | <p>f. Do you have gross annual sales of more than \$2.5 million? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>g. Have you previously received reimbursement from ACCP for corrective action costs at this discharge site? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does this application include:</p> <p><input type="checkbox"/> additional costs for the same discharge</p> <p><input type="checkbox"/> costs for another discharge</p> |
| <p>c. Was this a transportation-related discharge? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>h. Have you, or will you be, applying to another government agency for reimbursement of all or a portion of your corrective action costs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, enter the program name and date of the claim:</p> <p>_____</p> <p>_____</p> |
| <p>d. At the time of the discharge, the applicant was: (check all that apply)</p> <p><input type="checkbox"/> a pesticide manufacturer or labeler</p> <p><input type="checkbox"/> a commercial application business</p> <p><input type="checkbox"/> a distributor of fertilizers</p> <p><input type="checkbox"/> a distributor of pesticides</p> <p><input type="checkbox"/> a common carrier</p> <p><input type="checkbox"/> a farmer</p> <p><input type="checkbox"/> other _____</p> | <p>i. Enter the person's name that compiled this application:</p> <p>_____</p> |
| <p>j. I certify that I have reviewed all of the information included in this application and it is true and correct to the best of my knowledge. I also understand that submitting false, deceptive, or misleading information is grounds for the Department to deny reimbursement of this application and deny reimbursement of any costs for five years, per sec. ATCP 35.06(3), Wis. Admin. Code.</p> | |

Signature of Responsible Person

Print Name

Date

Personal information you provide may be used for purposes other than that for which it was originally collected (Privacy Law sec. 19.62-19.80, Wis. Stats.).

Part I – Applicant

Responsible person is any of the following persons, or that person's successor in interest:

- a) A person who owns or controls an agricultural chemical that is discharged;
- b) A person who causes a discharge;
- c) A person on whose property an agricultural chemical is discharged.

Part II – Consultant

If someone other than the responsible person is directing the cleanup, enter that person's name, the company that person represents, street address, city, zip code and mailing address, (if other than the street address). Enter a telephone number and fax where the person directing the cleanup can be reached during normal working hours.

Part III – Discharge Site Information

- a. Discharge site means the area affected by one or more discharges. It includes all contiguous land that is owned, leased or controlled by the responsible person at the time the discharge occurs, plus any other area affected by the discharge. Whenever an agricultural chemical is discharged while being transported from a site owned or controlled by a person who owns or controls the discharged agricultural chemical, the discharge is deemed to occur at that site.
- b. List all product(s) present at the discharge site including petroleum, agricultural chemicals and other products.
- c. Transportation related discharges include those discharges which occurred off site either while transporting or making applications of agricultural chemicals.
- d. **Pesticide manufacturer** is a person who produces or manufactures any pesticide. Refer to sec. 94.67(28), Wis. Stats., for clarification.

Pesticide labeler is a person who affixes his or her label to the pesticide or any of its containers or labeling. Refer to 94.67(20), Wis. Stats., for clarification.

As interpreted by this department, a **common carrier** is any person who holds him/herself out to the public as willing to undertake for hire to transport property over regular or irregular routes upon the railways, waterways or public highways.

Commercial application business is a corporation, limited liability company, cooperative association, partnership, natural person doing business as a sole proprietor or other non-governmental business entity that does either of the following:

1. Operates as a commercial applicator for hire.
2. Uses or directs the use of a restricted-use pesticide as a commercial applicator, either directly or through an employee, per to sec. 94.67(5)(a), Wis. Stats., for clarification.

To **distribute** means to import, consign, sell, offer for sale, solicit orders for sale or otherwise supply **fertilizer or pesticide** for sale or use in this state, per sec. 94.645(1)(c), Wis. Stats.

- e. Count all full-time equivalents to determine the number of employees.
- j. Any person who makes, or conspires with another person to make any false, deceptive or misleading representation in connection with a reimbursement application is ineligible for any reimbursement for that corrective action, and is also ineligible for reimbursement for any other corrective action taken or ordered at any discharge site within five years after the date of that application. Persons filing fraudulent claims may also be subject to criminal prosecution.

If you have questions regarding this application contact our office at (608) 224-4522.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
Sole Proprietorships: Enter Last Name, First Name, MI
All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing Business as a D/B/A

Order Address

Address where order should be sent if different from primary address

Remit Address

Address where payment should be sent if different from primary address

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number OR Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.



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



OFFICE USE ONLY
Application Number:

ACCP Multiple Responsible Persons Form (Section 94.73, Wis. Stats.)

Prior to filing an application for reimbursement, a reasonable effort must be made to notify every potentially responsible person who may have incurred corrective action costs related to the discharge site. All responsible persons filing for reimbursement at this site must reach agreement and specify to the Department how the deductible will be met and how the reimbursement payments should be divided. See s. ATCP 35.20, Wis. Adm. Code, for further clarification.

If there are no other responsible persons to notify, please check here and sign at the bottom.

If there are other responsible persons, please complete the following:

Other Responsible Person 1		Other Responsible Person 2	
Name		Name	
Mailing Address		Mailing Address	
City		City	
	Zip Code	State	Zip
Telephone ()		Telephone ()	
Other Responsible Person 3		Other Responsible Person 4	
Name		Name	
Mailing Address		Mailing Address	
City		City	
State	Zip Code	State	Zip
Telephone ()		Telephone ()	

The undersigned states that a reasonable effort has been made to notify every potentially responsible person and that each person listed above was notified this application is being filed. The undersigned is aware that by not attempting to notify all potentially responsible persons, the undersigned may become liable to them for any eligible costs they were not reimbursed. See s. ATCP 35.20, Wis. Adm. Code, for further explanation.

- The other responsible persons identified above are not submitting costs with this reimbursement application.
- The other responsible persons identified above are submitting costs with this reimbursement application.

 Signature of Applicant

 Date



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



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 form, fill in Section A and the upper box titled "Discharge Site Information" and 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.
5. All responsible persons must use the same cut-off date identified on the Total Reimbursement Costs Form.
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.



Wisconsin Department of Agriculture, Trade and Consumer
 Protection Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
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Discharge Site Information
Street Address:
City:

ACCP Notification Form (Section 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 the 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	Section B
Name: _____	I _____, (name)
Address: _____	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.
City: _____	Signed this ____ day of _____, ____.
Zip Code: _____	_____
Telephone (____) _____	Signature of Potentially Responsible Person



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



OFFICE USE ONLY
Application Number:

ACCP Insurance Information Form (Section 94.73, Wis. Stats.)

At the time you submit your application for reimbursement of cleanup costs to the Department, you must also send any information regarding insurance policies that were in effect at the time of the discharge. Section ATCP 35.06(1)(d), Wis. Admin. Code, requires that an applicant complete this form. Clean up costs covered by insurance are not eligible for reimbursement. Please check the appropriate box below, complete the necessary information, and return the signed form with your application.

At the time the discharge occurred:

Please include a letter from your insurance company verifying coverage or no coverage.

- There were no insurance policies in effect.
- Policies were in effect, but coverage was denied (complete Section A).
- Policies were in effect which covered part of the clean-up costs (complete Section A and provide detailed documentation which indicates the specific invoices or costs that were covered and not covered by insurance. If a specific agreement was reached regarding the insurance settlement, please enclose a copy.).

Section A

Policies were in effect with the companies listed below:

- (1) _____
- (2) _____
- (3) _____

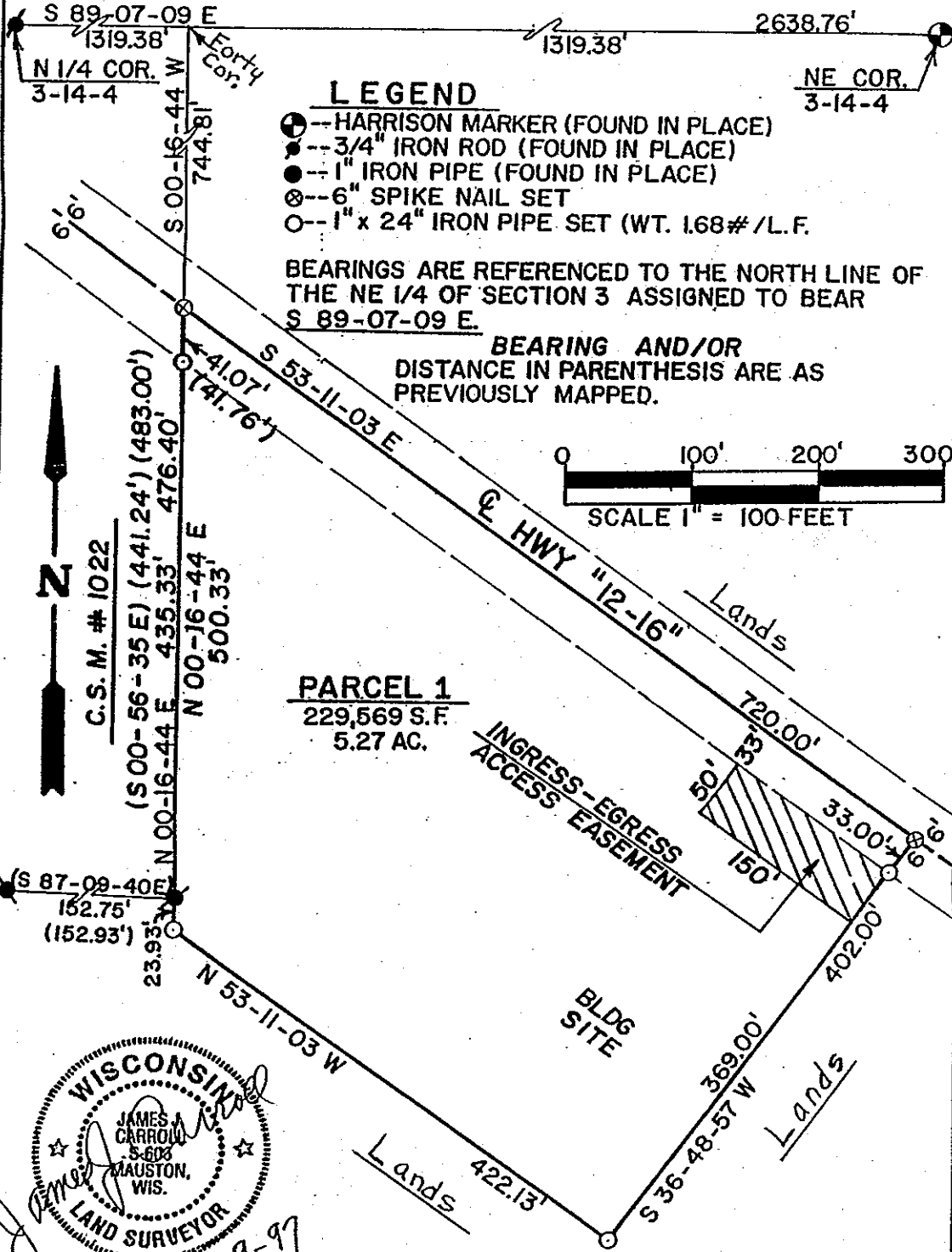
The undersigned states that the information contained above is true and correct to the best of their knowledge

Signature of Applicant

Date

JUNEAU COUNTY CERTIFIED SURVEY MAP # [REDACTED]

A PART OF THE $\frac{1}{2}$ OF THE FRAG. $\frac{1}{2}$ IN SECTION 3, T14N, R4E, IN THE TOWN OF SEVEN MILE CREEK, JUNEAU COUNTY, WISCONSIN.



(OVER)

PAGE 1 OF 2

INDEXED 342945 ENTERED

WARRANTY DEED

DOCUMENT NUMBER

Vol. Page

Register's Office) SS
Juneau County Wis.)
Received for Record

This Deed, made between
as tenants in common

Grantor, and

Grantee,
Witnesseth, That the said Grantor, for a valuable consideration
of one dollar and other good and valuable consideration
conveys to Grantee the following described real estate in
County, State of Wisconsin:

JUL 1 1997

9:55 A.M. and Recorded
in Vol. 475 of Records Page
195

Christina L. Bender
REGISTER OF DEEDS

THIS SPACE IS RESERVED FOR RECORDING DATA

NAME AND RETURN ADDRESS

CHO

10/29/97

(Parcel Identification Number)

The Half of the Fractional Quarter (E 1/2 NE 1/4) of Section Three (3), Township Fourteen (14) North, Range Four (4) East, excepting highways, and further excepting Parcel No. 1 of Juneau Town of Seven Mile Creek, Juneau County, Wisconsin.

If either or both of the grantors sell their interest in Parcel 1 of the above-described lands, the grantees hold a right of first refusal to purchase that parcel on the same terms or conditions it would be sold to someone else except that this right of first refusal is not binding if the grantors' interest being sold is sold to either of the grantors, to

The grantors retain and hold a right of first refusal to repurchase the above-described lands in the event the grantees sell their interest therein on the same terms and conditions as it would be sold to a third party except the grantors retain and hold no right of first refusal if the grantees' interest is sold to

STATE TRANSFER TAX PAID

This is not homestead property. (is) or (is not)

Together with all and singular the hereditaments and appurtenances thereunto belonging;

And warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except easements and restrictions of record

and will warrant and defend the same.

Dated this 28th day of April, 19 97

(SEAL)

(SEAL)

(SEAL)

(SEAL)

AUTHENTICATION

ACKNOWLEDGMENT

Signature (s)

authenticated this day of 19

STATE OF WISCONSIN

Juneau County.

Personally came before me this 28th day of April, 19 97 the above named

TITLE: MEMBER STATE BAR OF WISCONSIN

(if not, authorized by SS 706.06, Wis. Stats.)

to me known to be the person s who executed the foregoing instrument and I know the same.

THIS INSTRUMENT WAS DRAFTED BY

Mauston, Wisconsin 53948

Notary Public Juneau County, Wis. My Commission is permanent. (If not, state expiration date: 19)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

* Names of persons signing in any capacity should be typed or printed below their signatures.



How to Use the Bid/Estimate/Invoice Summary Spreadsheet

The spreadsheet can assist a responsible person or consultant in complying with the requirements of s. ATCP 35.06, Wis. Adm. Code. This section of the rule requires that a spreadsheet be submitted with each reimbursement application that links the bids and estimates to the invoices and also to the canceled checks.

The spreadsheet can only be operated using Microsoft® Excel. Below are some general instructions about using the spreadsheet. We assume that most users of the spreadsheet will know how to maneuver around in an Excel spreadsheet. We recommend entering practice data into the spreadsheet before using the spreadsheet with real information. If you have questions about using the spreadsheet, please call the ACCP Auditor at (608) 224-4522.

General Instructions

The spreadsheet is not write protected against modifications. In other words, users can modify any portion of the spreadsheet, including the text sections. This spreadsheet needs to have this flexibility because users may need to insert additional columns to allow entering of many invoices. Because the spreadsheet is not write protected, users may want to save a copy of the form and not use the original spreadsheet for data entry. As a backup, the spreadsheet can always be downloaded from the ACCP website at:

<http://datcp.wi.gov/uploads/Environment/xls/linkss.xls>

Input Columns:

Discharge Site Name: Enter the Company name (responsible person) or case name which has been used to identify this case.

Case Number: This is the 11 digit number assigned by DATCP to identify each cleanup project or case. If the DATCP case number is not known, contact our office at (608) 224-4522 for assistance.

Tasks: Bid / Estimate Description: Many bids will have a number of tasks identified on them. The spreadsheet is used to track costs on a **per task basis**. A bid identifier (number or code) should also be included here if it is available.

Tasks: Bid / Estimate Amount: Enter the amount of the bid or estimate for each task identified.

Invoices: In the top row, enter the vendor's company name and invoice number. In the body of the spreadsheet, divide the invoiced costs into the corresponding task descriptions identified on a bid or estimate. Insert additional columns are needed.

ACCP Cost Breakout: The costs identified on each invoice should be divided into the appropriate cost categories identified on the right side of the spreadsheet. This must also match with the coding that is done directly on each invoice. Some costs may not be eligible and should be entered into the column labeled as such.

Remarks: Enter any comments that relate to the task or costs associated with the corresponding row of the spreadsheet.

Check Numbers: This field is located at the bottom of the spreadsheet and should be used to identify the check number(s) associated with payment for each invoice located in the column above.

Output Columns:

Total Invoiced Costs: As suggested by the title, this column on the spreadsheet totals the invoiced costs on a per task basis. This column is used to compare against the bid or estimate amounts in the “Budget Status” column.

Budget Status: This column represents the difference between the bid or estimate amount and the actual amount(s) attributed to the ACCP. If there is an overrun in costs, provide an explanation in the remarks column or somewhere else in the reimbursement application.

Totals: This can be found at the bottom of the spreadsheet and as suggested by the title, this sums the totals for each of the columns.

Total ACCP Eligible Costs: This is found at the right side of the spreadsheet and represents the amounts being submitted for reimbursement to the ACCP. As a double check on the data entry, this column plus the total of the “ACCP Ineligible Costs” column should equal the total of the “Total Invoiced Costs” column.

As indicated earlier, if you have questions or problems with the spreadsheet, please call the ACCP Auditor at (608) 224-4522.



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



OFFICE USE ONLY
Application Number: _____

ACCP Total Reimbursement Costs Form (Section 94.73, Wis. Stats.)

Prior to completing this form you must code each invoice that will be submitted for reimbursement.

When submitting invoices, attach proof of payment and all subcontractor invoices to the appropriate general contractor invoice. After all invoices have been coded, total the like categories from every invoice and enter that total in the appropriate section below.

COST CATEGORIES	COSTS
Category A – Soil Investigation	
Category B – Soil Remediation	
Category C – Analytical Costs	
Category D – Groundwater Investigation	
Category E – Groundwater Remediation	
Category F – Miscellaneous Costs	
TOTAL APPLICATION COSTS	\$

The date of the last check issued to pay an invoice(s) included in this application is _____ **This**
Month/Day/Year

date is the cut-off date for this application, per sec. 35.06(1)(a)5., Wis. Admin. Code.

This application includes all of the costs eligible for reimbursement that were **paid** through the cut-off date identified above and it does not request reimbursement of any costs **paid** after the cut-off date. I understand that I cannot submit on a future application any costs for reimbursement that were paid on or prior to the cut-off date indicated above.

 Signature of Applicant

 Date