

Return Completed Form with attachments to:
 Wisconsin Department of Natural Resources
 PECFA - Remediation and Redevelopment Program
 PO Box 8044
 Madison, WI 53708-8044
 Fax: 608-267-7646
 dnr.wi.gov/topic/Brownfields

Notice: Pursuant to s. SPS 347.355, Wis. Adm. Code, this application is to be completed and submitted along with all required attachments to the address above when requesting reimbursement of eligible costs under the Petroleum Environmental Cleanup Fund Award (PECFA). A petroleum products storage system owner or operator or a person owning a home oil tank system may submit a claim to the Department of Natural Resources to obtain reimbursement of eligible costs incurred because of a petroleum products discharge. Complete the applicable sections below as explained in the instructions on the back page. Personal information collected will be used for administrative purposes and may be provided to the extent required by Wisconsin's Open Records Laws (ss. 19.31-19.39, Wis. Stats.).

PECFA # _____ - _____ - _____

BRRTS # _____ - _____ - _____

Section 1: Claimant Information

| | | | |
|---------------------------|------------|-------|----------------------------------|
| Claimant's Last Name | First Name | MI | Phone Number (Include area code) |
| Claimant's Street Address | City | State | Zip Code |

Claimant Is: Owner Operator Other – specify _____

Section 2: Remedial Action Site Information

| | | | |
|-----------------------------------|------|----------------------------------|----------|
| Remedial Action Site Name | | Site phone # (Include area code) | |
| Site Street Address (no PO boxes) | City | State | Zip Code |

Section 3: Expenses Claimed: *Check the milestone that the cleanup has achieved (per s. SPS 347.355, Wis. Adm. Code)*

- | | |
|---|---|
| <input type="checkbox"/> Completion of DNR- approved Emergency Action <input type="checkbox"/> SI Claim-With Approval Letter <input type="checkbox"/> Closure/No Further Action <input type="checkbox"/> Monitoring/Natural Attenuation/OM-Annual Cycle <input type="checkbox"/> Extreme Risk/Financial Hardship <small>(Per s. SPS 347.355(2)(c)7, Wis. Admin. Code)</small> <input type="checkbox"/> Other Interim payments: s. SPS 347.355(2)(d): <input type="checkbox"/> Lender Terminated Funding | <input type="checkbox"/> Occurrence Reimbursement Maximum Reached <input type="checkbox"/> \$50,000 of costs incurred; No claim submitted in prior 12 months <input type="checkbox"/> Change of Responsible Party <input type="checkbox"/> Change of Consulting Firm <input type="checkbox"/> Change of Lender <input type="checkbox"/> Claim Filing Directed by DNR <input type="checkbox"/> Completion of Scope of Work (public bidding process) <small>(Per s. SPS 347.625(2)(a), Wis. Admin. Code)</small> |
|---|---|

Section 4: Reimbursement Claim

Total cost incurred on this claim for:

| | |
|--|-----------------|
| Site Investigation | \$ _____ |
| Remedial Action | \$ _____ |
| Interest | \$ _____ |
| Total amount submitted for reimbursement: | \$ _____ |

If claim is being submitted by any individual other than the owner or by an individual who does not have 100% ownership, a PECFA – Owner Assignment Certification Application (form 4400-299) must also be filed with this application. In the case of a corporation, a chief financial officer or other corporate office may sign the application. In case of a municipality, the mayor or chief financial officer must sign the form.

Certification

I assume the responsibility for notifying all current owners about this claim and for ensuring that all current owners or their authorized agent provide a complete and accurate PECFA – Owner Assignment Certification Application (form 4400-299).

| | |
|--|---------------------------------|
| Claimant Signature | Date Signed |
| Preparer's Signature | Preparer's Name (print or type) |
| Representing <input type="checkbox"/> Claimant / or <input type="checkbox"/> Consultant | |

Please make a copy for your records