

Emergency Planning Notification and Fee Determination

Facility Name: _____ Facility I.D. #: _____

(9) *Facility Emergency Planning Coordinator (Required only if at least one Extremely Hazardous Substance over Threshold Planning Quantity is entered):

*Name:		*Title:		*Phone:	()
*24 Hour Phone:	()	*Email:			

(10) Tier II Contact:

*Name:		*Title:		*Phone:	()
*24 Hour Phone:	()	*Email:			

(11) Regulation Status:

- (a) *Facility is subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? **YES** **NO**
- (b) *Facility is subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, RMP)? **YES** **NO**
 RMP Facility ID: (Required if "Yes" is selected)
- (c) *Facility is subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? **YES** **NO**
 TRI Facility ID: (Required if "Yes" is selected)

If revising chemical information to add an additional EHS chemicals or if deleting one or more from a group of EHS chemicals, continue to question (14).

12) Emergency Planning Notification Determination: This facility is required to participate in Emergency Planning because this facility has/had an Extremely Hazardous Substance present at any one time at or above the Designated Threshold Planning Quantity.

- YES** ___ | ___ | ___ Provide date the Extremely Hazardous Substance(s) exceeded the threshold planning quantity.
- NO** This facility has never had an Extremely Hazardous Substance present at or above the threshold planning quantity.

Amended Fee Statements Only:

- NO** ___ | ___ | ___ Provide date the Extremely Hazardous Substance(s) no longer exceeded the threshold planning quantity.

(13) FEE DETERMINATION (answer only if question (12) is YES):

- This facility is required to participate in planning and pay the EMERGENCY PLANNING NOTIFICATION FEE: **\$1080.00**. The operator has 10 or more fulltime equivalent employees in the State of Wisconsin. If the fee is paid **more than 60 days** after an extremely hazardous substance exceeded the threshold planning quantity, add a **20% late payment** surcharge of **\$216.00**.

TOTAL FEE REMITTED: \$

- This facility is required to participate in planning, but is exempt from paying the fee because the operator of this facility has fewer than 10 fulltime equivalent employees in the State of Wisconsin, this operator has (provide number) full-time equivalent employees in the State of Wisconsin.

- This facility is required to participate in planning and the Emergency Planning Notification Fee has already been paid for this facility.

Date of Payment: ___ | ___ | ___ Check Number:

Emergency Planning Notification and Fee Determination

Facility Name: _____ Facility I.D. #: _____

(14) Extremely Hazardous Substance (EHS) Identification

ADD	DELETE	CAS NUMBER	EHS CHEMICAL NAME	Max. Qty. present at or above threshold planning quantity at any one time (in pounds)	Provide date EHS exceeded the threshold planning quantity (DD/MM/YYYY)

(15) CERTIFICATION: This section must be completed even if this facility does not have an extremely hazardous substance present at or above the threshold planning quantity and is not required to participate in emergency planning.

I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Emergency Planning Notification Fee Statement and certify that the information submitted is true, accurate, and complete.

 *Printed Name

()

 *Telephone Number

 *Official Title

 *Signature

 *Date Signed

IMPORTANT – PLEASE NOTE

Return the signed Emergency Planning Notification Fee Statement and the Emergency Planning Notification Fee, if applicable, to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978.

The form will be entered into the online system, WHOPRS, in the order it is received, and will full fill the requirement to submit a copy to the county LEPC and the local fire department.

INSTRUCTIONS FOR COMPLETING THE EMERGENCY PLANNING NOTIFICATION –DMA Form 1003

Wisconsin Statute 323.60(5)(a), requires the owner/operator of a facility which has an Extremely Hazardous Substance (EHS) present at any one time at or above the designated Threshold Planning Quantity (TPQ), to provide emergency planning notification to Wisconsin Emergency Management (WEM) and the appropriate county Local Emergency Planning Committee (LEPC), within sixty days of the EHS being present at or above the TPQ. A one-time \$1080.00 Emergency Planning Notification fee is due if the operator of the facility has 10 or more fulltime equivalent (FTE) employees in the State and has not previously paid an emergency planning notification fee for the facility. The extremely hazardous substance list with the designated threshold planning quantities is available from <http://emergencymanagement.wisconsin.gov>, your county LEPC, or the U.S. EPA Hotline at (800) 424-9346.

Return the signed Emergency Planning Notification Fee Statement and the Emergency Planning Notification Fee, if applicable, to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978.

Check **ORIGINAL** in the upper, left hand corner of page one only if this is the first time the facility is submitting an Emergency Planning Notification and Fee Determination statement **OR** check **AMENDED** if the submission is amending an original Emergency Planning Notification statement previously submitted by the facility.

Item #1 Provide the facility's WEM facility I.D. number, if available. A new facility will be assigned this number when the submission is received. Complete the facility name and physical location address or indicate any changes. Provide the Facility's Contact Name.

Item #2 If the facility is a farm, check the primary activity. Check only one.

Item #3 **These are mandatory entries.**

- a) Provide the facility owner's nine-digit Federal Employer Identification Number (EIN). This is the owner's Tax I.D. # or Social Security Number. All facilities have an EIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your EIN.
- (b) Indicate whether the facility is a Federal or federally recognized tribal facility.
- (c) Indicate the number of full-time equivalent (FTE) employees employed by this owner/operator in the State of Wisconsin during in the year the report is being filed. To calculate this number, add the total number of employee hours and divide by 2,080. **NOTE: ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility or working with the chemicals.**
- (d) Indicate the maximum number of occupants present at the facility at any one time during the reporting year.

Item #4 **This is a mandatory entry.** Provide the facility name and physical location address in the boxes to the right. Mark and provide the name of the city, village or town in which the facility is located in the box to the right. Provide the name of the County the facility is located in. Provide the name of the fire department with jurisdiction over the facility. If this is a tribal facility, mark the appropriate box and indicate the tribal name. Provide the name of a daytime contact and telephone number for the facility. Provide the latitude and longitude of the facility. Provide the Dun & Bradstreet number of the facility.

Item #5 If the mailing address for the facility is different from the facility's physical location indicated in # 4, provide the name and address in the boxes to the right. Please indicate the Country where the mailing address is located and a contact name and phone for the mailing address.

Item #6 Provide the facility owner's name and owner address in the boxes to the right. Note: This is the owner or the company that is required to maintain the Material Safety Data Sheet. Only one owner's name, address and contact name may be used in this block.

Item #7 Provide the six-digit North American Industry Classification System (NAICS) Code that best describes this facility's activities. NAICS Codes can be searched on the U.S Census Bureau web site at <http://www.census.gov/eos/www/naics/>, or you can find a link to the listing on our web site.

Item #8 Indicate whether the location where the hazardous chemicals are stored is manned or unmanned. If manned please enter the maximum number of occupants.

Item #9 Enter the name, title and work phone # of the emergency coordinator. Provide a 24 hour phone number where emergency information will be available 24 hours a day. Provide the email address of the facility emergency planning coordinator. The facility must make arrangements to ensure 24-hour contact.

Item #10 Enter the name, title and work phone # of the individual responsible for completing the Tier Two inventory form. Provide a 24 hour phone number where emergency information will be available 24 hours a day. Provide the email address of the Facility Emergency Planning Coordinator. These requirements are mandatory. The facility must make arrangements to ensure 24-hour contact.

INSTRUCTIONS FOR COMPLETING THE EMERGENCY PLANNING NOTIFICATION—DMA Form 1003

Item #11 (a) Indicate whether the facility is subject to Section 302 and 112. (Emergency Planning under Section 302 of EPCRA (40 CFR part 355). 40 CFR part 355 establishes requirements for a facility to provide information necessary for developing and implementing State and local chemical emergency response plans, and requirements for emergency notification of chemical releases. This part also lists Extremely Hazardous Substances (EHSs) and Threshold Planning Quantities (TPQs) in Appendices A and B, which are used in determining if you are subject to these requirements.

(b) Chemical Accident Prevention under Section 112r of Clean Air Act (CAA) (40 CFR part 68, Risk Management Program. Section 112 of CAA (40 CFR part 68) Risk Management Program lists regulated substances and thresholds, the process for adding or deleting substances to the list of regulated substances, the requirements for owners or operators of stationary sources concerning the prevention of accidental releases, and the state accidental release prevention programs approved under section 112(r).

The RMP Facility ID is established when a facility registers an initial Risk Management Plan with the EPA.

(c) Indicate whether the facility is subject to Toxic Release Inventory (TRI) under Section 313 of EPCRA (40 CFR part 372). If "Yes" is selected, provide the TRI Facility ID number. EPCRA Section 313 (40 CFR Part 372) requires facilities to report releases and waste management activities associated with listed toxic chemicals that they manufacture, process, or otherwise use above applicable threshold quantities. The TRI Facility ID is established when a facility owner or operator first submits a TRI Form R or Form A for a particular location. The facility retains this identification number even if the facility changes ownership, name, production processes, or NAICS codes.

Item #12 Check **YES** if the facility is required to participate in emergency planning because the facility has/had an extremely hazardous substance (EHS) present at any one time at or above the designated threshold planning quantity (TPQ). Provide the date the EHS was present at or above the TPQ. Continue with question **(13)**.

Check the first **NO** if this facility is not required to participate in emergency planning because the facility has never had an extremely hazardous substance (EHS) present at any one time at or above the threshold planning quantity. Go to **(15)**.

Amended Fee Statements Only:

Check the second **NO** if this facility is amending the facility's planning notification because this facility no longer has an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ). Provide the date the EHS was not longer present at or above the TPQ. Go to **(15)**.

Item #13 Check the **First** box if the facility is required to participate in planning and the operator has 10 or more fulltime equivalent employees (FTE) in Wisconsin. An annual total of 20,000 hours of employee time equals 10 FTE. All persons employed in Wisconsin must be included in this calculation, not just those employed at the facility or working with the chemicals. The Emergency Planning Notification Fee is \$1080.00 if paid within 60 days of the extremely hazardous substance (EHS) being present at or above the threshold planning quantity (TPQ). The fee must include a 20% late payment surcharge of \$216.00 if the fee is paid after the 60 days. Enter the Total Fee Remitted.

Check the **Second** box if the fee exemption applies. In order to be exempt, the operator of the facility must have less than 20,000 hours of employee time during the year. To determine the number of FTE employees, divide the total number of employee hours by 2,000. Enter the total number of FTE employees in the box.

Check the **Third** box if the facility is required to participate in planning and the Emergency Planning Notification Fee has previously been paid for this facility. Indicate the date of payment and the check number.

Item #14 - Indicate if **ADDING** or **DELETING** an EHS. List the CAS number, EHS chemical name, and the maximum quantity of the EHS that was present at or above the TPQ at the facility at any one time, in pounds. If another EHS has been added on-site after previous submittal of an EPN listing chemicals, enter the chemical in this section.

Item #15 Complete the certification section. This section must be completed even if the facility does not have an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) and is exempt from emergency planning requirements. Providing a false statement or representation may result in a penalty of not less than \$100 and not more than \$25,000 per day, per violation. Failure to provide information in the manner requested may result in a penalty of not more than \$20,000.