

Facility ID# _____ (For WEM Use Only)

WISCONSIN BATCH PLANT EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

Data can be entered directly into the online reporting system at: <https://whopr.wisconsin.gov>.

An item with an "" denotes that the information is required.*

- *Is this a Federal or federally recognized tribal facility?** Yes No
- This batch plant submission is classified as a (check one of the following):**
 ORIGINAL SUBMISSION — Date batch plant was first set up in state for actual operation: ____/____/____
 REVISION OF ORIGINAL SUBMISSION — Date batch plant was first set up: ____/____/____
 RELOCATION SUBMISSION — Date batch plant relocated and set up for actual operation: ____/____/____
 REVISION OF RELOCATION SUBMISSION — Date batch plant relocated: ____/____/____

3. Batch Plant Facility Identification:

*Facility Name:	Batch Plant #	
*Street Address:		
*City, State, ZIP:		
<input type="checkbox"/> *City <input type="checkbox"/> *Village <input type="checkbox"/> *Town of:	*Tribe (if applicable):	
*County of:	*Fire Dept.:	
*Latitude:	*Longitude:	
*Attention:	*Phone:	
*Facility Email:	Check if confidential: <input type="checkbox"/>	

If a relocation submission, list the following information for the previous location of the batch plant:

*Street Address:		
*City, State, ZIP:		
<input type="checkbox"/> *City <input type="checkbox"/> *Village <input type="checkbox"/> *Town of:	*Tribe (if applicable):	
*County of:	*Fire Dept.:	
*Latitude:	*Longitude:	

4. Mailing Address (If different from Batch Plant Location):

Facility Name:		
Facility Mailing Address:		
City, State, ZIP:		
Country:	Phone:	
Attention:		

5. Batch Plant Owner/Operator:

*Owner Name:		
*Owner Mailing Address:		
*City, State, ZIP:	*Country:	
*Attention:	*Phone #:	
*Email Address:		

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6. In case of an emergency, the persons to contact regarding this batch plant site are:

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

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

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

7. Tier II Contact:

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

8. Facility Emergency Coordinator (if at least one Extremely Hazardous Substance over Threshold Planning Quantity (TPQ) is entered):

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

9. Facility Occupancy:

Facility is manned or unmanned ? Manned Unmanned. Maximum # of Occupants (if Manned):

10. 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, Risk Management Program (RMP)]? YES NO

RMP Facility ID #: (Required if "Yes" is selected)

(c) *Facility is subject to Toxic Release Inventory (TRI) under Section 313 of EPCRA (40 CFR part 372)? YES NO

TRI Facility ID #: (Required if "Yes" is selected)

11. Number of Full-time Employees:

*There was a **Total** of (indicate number) full-time equivalent (FTE) employees employed within Wisconsin, by this owner/operator during the year the report is being filed.

Facility ID# _____ (For WEM Use Only)

12. Batch Plant Hazardous Chemical Storage Information: This facility has reportable amounts of hazardous chemicals present on-site. The required documents are attached for this batch plant as follows:

- An inventory list of the hazardous chemicals that may be present at the facility **OR**
 - A copy of the operator's OSHA HazCom Chemical Inventory
- AND**
- Generic site plan (11"by 17" or less) **OR**
 - Manufacturer's assembly diagram showing the relationship of the batch plant components (11" by 17" or less)

13. Batch Plant Fee Determination:

- A) Original submission. \$27.00 fee is due: \$ _____
 Relocation submission. No fee is due.
 If less than 10 FTE (see #11), no fee is due.
- B) Late Payment Surcharge add \$5.40 + \$ _____
(20% of amount on line "A", see NOTE Below)
- C) Total fee owed. Line "A" plus line "B" = \$ _____

NOTE: For batch plant facilities, all fee payments must be submitted to Wisconsin Emergency Management within **15 calendar days** of setting up the batch plant for actual operation in the state within **15 calendar days** of the "contract award". All fee payments submitted after the above due date shall include a **20%** late payment surcharge.

If sending hard copy forms to WEM, the information you provide will be entered in the system in the order that it is received. When entered into Wisconsin Haz-Mat On-Line Planning & Reporting System (WHOPRS), the information will be available to the LEPC and local Fire Departments, and this meets the requirement to provide this information to the LEPCs and Fire Departments.

14. CERTIFICATION:

I, as the authorized representative of the owner/operator of this batch plant, have reviewed this statement and certify that the information submitted is true, accurate, and complete.

_____	_____	_____
*Print Name	*Signature	*Date
_____	_____	_____
*Official Title	*Telephone Number	Email Address

INSTRUCTIONS FOR COMPLETING DMA FORM 1125B, WISCONSIN BATCH PLANT EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

Recognizing the unique nature of batch plants, Chap. 1 WEM established alternative reporting requirements for batch plants. The owner/operator of a batch plant that has reportable amounts of hazardous chemicals present during operations is required to submit DMA FORM 1125B with signature and attachments or the equivalent in Wisconsin Haz-Mat On-Line Planning & Reporting System (WHOPRS) to Wisconsin Emergency Management (WEM) within 15 calendar days of setting up or relocating the batch plant for actual operation in the state. The owner/operator of a batch plant has the option to submit a Tier Two Hazardous Chemical Inventory Report and Inventory Fee Statement instead of DMA FORM 1125B. There is no fee due for relocation.

“Batch plant” means an operating installation of equipment including batchers and mixers as required by batching and mixing concrete or asphalt materials.

A “reportable chemical” means a hazardous chemical present at or above the 10,000 pound threshold reporting quantity (TPQ) and an extremely hazardous substance (EHS) present at or above the TPQ or 500 pound threshold, whichever is lower.

If the owner/operator of a batch plant determines that reportable amounts of hazardous chemicals will not be present during operations, the batch plant is exempt from the requirement to submit DMA FORM 1125B and may forward correspondence to WEM to file an exemption from the requirement to submit DMA FORM 1125B.

For assistance and questions about completing the forms, please call the facility reporting section at (608) 242-3225 or (608) 242-3224.

Note: *A batch plant that has an extremely hazardous substance at or above the threshold planning quantity is still subject to emergency planning notification (EPN) and planning fee requirements under s. 323.60(5) (a)1 and (7) (a)1, Stats.*

SUBMISSION OF DMA FORM 1125B, Wisconsin Batch Plant Emergency Response & Hazardous
Chemical Report.

Send the completed form with signature, Fee Remittance Form and fee payment to:

Wisconsin Emergency Management
Facility Reporting Section
P.O. Box 7978
Madison, WI 53707-7978

(INSTRUCTIONS CONTINUED ON NEXT PAGE)

DMA Form 1125B Instructions (continued)
(Use one DMA FORM 1125B for each batch plant.):

Item #1 - Indicate whether the facility is a federal or federally recognized tribal facility. Check the appropriate box, yes or no.

Item #2 - Indicate whether the submission is an original, revised original, relocation or a revised relocation. If DMA FORM 1125B is being filed for the first time for a batch plant, please check the box for original submission and provide the date the batch plant was set up in the state for actual operation. If DMA FORM 1125B is being filed for a batch plant relocation, please check the box for relocation submission and provide the date the batch plant relocated and set up for actual operation. If you want to revise a previous submission, check either the revision of original or

Item #3 - Identify the batch plant and indicate the batch plant location. Provide the name of the batch plant, a company I.D. number (or batch plant number) if one is available, and its current address/location. If the location is on tribal land, please indicate the tribal name. Provide the name of the county in which the batch plant is located. Provide the name of the fire department that services this batch plant. Provide the latitude and longitude of the batch plant. Provide the name of a daytime contact and telephone number for the batch plant. Provide the email address for the facility. If this is a relocation submission, please provide the batch plant's previous address/location.

Item #4 - Different mailing address. If the mailing address for the batch plant is different from the mailing address indicated in #3 for the location of the batch plant, please indicate the batch plant's name, mailing address, Country, phone, and attention name.

Item #5 - Indicate the owner/operator of the batch plant. Please provide the name of the batch plant's owner/operator, mailing address, Country, contact name and phone number and email address.

Item #6 - Indicate the emergency contact information for the batch plant. Please provide the name, title, daytime phone number and a 24-hour phone (or pager) number for a primary and alternate contact person. A minimum of 2 emergency contacts must be supplied.

Item #7 - Indicate the Tier II Contact. Enter the name, title and work phone number of the individual responsible for completing the Tier Two inventory form. Provide a 24 hour phone number (or pager number) where emergency information will be available 24 hours a day. Provide the email address for this individual. These requirements are mandatory. The facility must make arrangements to ensure 24-hour contact. EPA requires that facilities provide the contact information of the individual responsible for completing the Tier Two Inventory Form.

Item #8 - Facility Emergency Coordinator. Enter the name, title and work phone number of the emergency coordinator. Provide a 24-hour phone (or pager number) 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. EPA requires facilities to provide the facility emergency coordinator contact information on the Tier Two inventory form *only* if the facility is also subject to EPCRA section 302.

Item #9 - Facility Occupancy. Indicate whether the location where the hazardous chemicals are stored is manned or unmanned. If manned please enter the maximum number of occupants.

Item #10 - Regulation Status.

- (a) Indicate whether the facility is subject to 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) Indicate whether the facility is subject to Chemical Accident Prevention under Section 112r of Clean Air Act (CAA) [40 CFR part 68, Risk Management Program (RMP)]. 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 Risk Management Program (RMP) Facility ID is established when a facility registers an initial Risk Management Program with the EPA.

DMA Form 1125B Instructions (continued)
(Use one DMA FORM 1125B for each batch plant.):

Item #10 (continued)

- (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 #.

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 #11 - Number of Full-time Employees. Indicate the number of full-time equivalent (FTE) employees employed by this owner/operator in the State of Wisconsin during the year the report is being filed. To get 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. This is a mandatory entry.*

Item #12 - Hazardous Chemical Storage Information. Indicate information regarding hazardous chemical storage. If the batch plant owner/operator determines that reportable amounts of hazardous chemicals may be present during operations and the reportable hazardous chemicals are incidental to the batching operation, check which of the required documents are attached for the batch plant:

- An inventory list of the hazardous chemicals that may be present at the site **OR**
A copy of the operator's OSHA HazCom Chemical Inventory

AND

- Generic site plan **OR**
Manufacturer's assembly diagram showing the relationship of the batch plant components

Item #13 - Fee Determination. Indicate the fee payment determination. For a batch plant, the fee for an original submission is \$27.00 and must be submitted to WEM within 15 calendar days of setting up the batch plant for actual operation in the state. No fee is due if this is a Relocation submission or if the employee has less than 10 full-time equivalent employees. Fee payments submitted after the due date shall include a 20% Late Payment Surcharge.

Line A - Enter the \$27.00 fee amount (if applicable).

Line B - Enter the 20% late payment surcharge of \$5.40, if due.

Line C - Enter the sum of lines "A" and "B". This is the fee due.

Note - If the batch plant operator has less than 10 full-time equivalent (FTE) employees in the state of Wisconsin (less than 20,800 employee hours annually), under s. 323.60 (7) (d), Stats., no fee is due.

Item #14 - Certification. Print the name and obtain the signature of the person certifying the form. Enter the date this form is signed. Enter the signatory's title, phone number and email address. This information and signature serve to certify the submission.

