

PAST YEARS' INVENTORY FEE STATEMENT and TIER II HAZARDOUS CHEMICAL INVENTORY

For Hazardous Chemicals Present During Calendar Years 2010 to 2013

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

Items with an * are required.

(1) *WEM Facility I.D. Number: *New facilities are assigned an I.D. # when form is received.*

(2) *Owner's Employer I.D. Number (EIN):

(b) *Is this a Federal or federally recognized tribal facility? YES NO

(3) *Enter the North American Industry Classification System (NAICS) Code for this facility:

(4) *Number of Full Time Equivalent Employees employed within the state of Wisconsin:

2010 2011 2012 2013

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

(6) *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)

(7) *Facility Information:

*Facility Name:	<input style="width: 100%;" type="text"/>		
*Street Address:	<input style="width: 100%;" type="text"/>		
*City, State, ZIP:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> *City <input type="checkbox"/> *Village <input type="checkbox"/> *Town:		*Tribe (if applicable):	<input style="width: 60%;" type="text"/>
*County:	*Fire Dept.:	<input style="width: 100%;" type="text"/>	
*Latitude:	*Longitude:	<input style="width: 100%;" type="text"/>	
*Attention:	*Phone:		<input style="width: 100%;" type="text"/>
*Facility Email:	<input style="width: 100%;" type="text"/>		
Check if email is confidential: <input type="checkbox"/>			

(8) Facility Mailing Address, if different from Facility Physical Location:

Facility Name:	<input style="width: 100%;" type="text"/>		
Facility Mailing Address:	<input style="width: 100%;" type="text"/>		
City, State, ZIP:	<input style="width: 100%;" type="text"/>		
Country:	Phone:	<input style="width: 100%;" type="text"/>	
Attention:	<input style="width: 100%;" type="text"/>		

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WEM Facility ID Number:

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(9) *Owner/Operator of Facility:

*Owner Name:			
*Owner Mailing Address:			
*City, State, ZIP:			
Country:			
*Attention:		*Phone:	
*Email:		*Dun & Bradstreet Number:	

(10) Parent Company (Optional):

Owner Name:			
Owner Mailing Address:			
City, State, ZIP:			
Country:			
Attention:		Phone:	
Email:		Dun & Bradstreet Number:	

(11) *Emergency Contacts

In case of an emergency, the persons to contact regarding this facility are (a minimum of two emergency contacts are required):

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

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

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

(12) *Facility Emergency Planning Coordinator (Required only if at least one Extremely Hazardous Substance at or above TPQ)

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

(13) *Tier II Contact:

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

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(14) Chemical Inventory

***CHEMICAL DESCRIPTION** – Complete the information below for each chemical. Print additional pages as needed. All Chemical Description fields are required.

***CHEMICAL:** *CAS Number:

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 *Chemical Name:

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*Check all that apply:

Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
<input type="checkbox"/>						

*EHS Name (if different from chemical name):

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***Physical & Health Hazards** (Check all that apply):

Fire	Pressure	Reactivity	Immediate	Delayed
<input type="checkbox"/>				

***Inventory** (complete appropriate years):

Year	Max. Daily Amount in lbs.	Avg. Daily Amount in lbs.	Number of Days On-site
2010			
2011			
2012			
2013			

***Storage Codes & Locations** (see Tables 1 & 2 in the instructions section for codes):

Container	Pressure	Temperature	Storage Locations	Max lbs. at Location	Confidential

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Determination of Reporting and Fee Payment Exemptions (full and partial) and Determination of Fee Amounts.

(15) Exemptions From Hazardous Chemical Reporting: Mark the appropriate exemption(s) and year(s)

(A) This facility was not covered by the OSHA Hazard Communication Act and is not a private or public agency as defined by s. 323.60 (1)(h) and (i), Wis. Stats., *during the following years:*

2010 2011 2012 2013

(B) This facility did not have present at any one-time any hazardous chemicals at or above 10,000 pounds nor did it have present any extremely hazardous substances at or above 500 pounds or the designated threshold planning quantity, if lower than 500 pounds, *during the following years:*

2010 2011 2012 2013

(C) Hazardous chemicals that were present at this facility were not required to have Material Safety Data Sheets prepared per the OSHA Act at CFR Chapter 29, Section 1910.1200(b), (see instructions) and are exempt from Tier Two reporting for *chemicals present during the following years:*

2010 2011 2012 2013

(D) Hazardous chemicals that were present at this facility were exempt from Tier Two reporting because of one or more of the Section 311(e) exemptions (see instructions) for *chemicals present during the following years:*

2010 2011 2012 2013

(E) This is a Retail Gas Station and all of the following apply:

- 1) gasoline and diesel fuel were stored, for use in vehicles on land, in a tank(s) entirely underground,
- 2) less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present at any one time,
- 3) the facility was in compliance with all applicable Underground Storage Tank program requirements at all times during the indicated calendar year, and
- 4) no other substances were present at or above EPCRA reporting thresholds, for *chemicals present during the following years:*

2010 2011 2012 2013

(16) Full Fee Exemption. This Facility is Fully Exempt from paying Any Annual Inventory Fees due to the Exemptions checked below.

(A) This is a petroleum marketing facility (see instructions for definition) which had reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation, and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

2010
 2011
 2012
 2013

(B) This facility had reportable amounts of sand and/or gravel present, which are exempt from Inventory Fee calculation, and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

2010
 2011
 2012
 2013

(C) The operator of this facility had fewer than 10 full-time equivalent employees (20,800 hrs.) in the State of Wisconsin. **Indicate the number of full-time equivalent (FTE) employees for the year.**

2010 ___ FTE
 2011 ___ FTE
 2012 ___ FTE
 2013 ___ FTE

(D) This facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present, used as a road de-icing agent, which are exempt from Inventory Fee calculation and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

2010
 2011
 2012
 2013

PLEASE NOTE: IF A YEAR IS MARKED UNDER ITEM (16), THE SAME YEAR CANNOT BE MARKED AGAIN UNDER ITEM (17).

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WEM Facility ID Number:

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New facilities are assigned an ID # when form is received.

(17) Partial Fee Exemption. This Facility is claiming a Partial Exemption from Inventory Fees for the selected Reportable Hazardous Chemicals below.

(A) This is a petroleum marketing facility (see instructions for definition) which had reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation, and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

- 2010
- 2011
- 2012
- 2013

(B) This facility had reportable amounts of sand and/or gravel present, which are exempt from Inventory Fee calculation and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

- 2010
- 2011
- 2012
- 2013

(C) This facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present, used as a road de-icing agent, which are exempt from Inventory Fee calculation and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

- 2010
- 2011
- 2012
- 2013

(18) Annual Inventory Fee Calculation: Complete each year, as appropriate. If a fee is due, a 20% late payment surcharge must be included. Please refer to the Fee Calendar below in order to determine Fee Amount for number of chemicals present and cumulative chemical weight.

Number of Chemicals :	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt.: (under 100,000 lbs. Cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
B) Fee Amt.:(100,000 lbs.or more. Cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

2010 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2010*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

—	
=	

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? YES NO

Late payment surcharge (20% of fee)

Fee Due:	\$	
Surcharge Due:	\$	
TOTAL DUE:	\$	

The 2010 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

2011 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2011*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

—	
=	

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? YES NO

Late payment surcharge (20% of fee)

Fee Due:	\$	
Surcharge Due:	\$	
TOTAL DUE:	\$	

The 2011 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

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WEM Facility ID Number:

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New facilities are assigned an ID # when form is received.

2012 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2012*:

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Number of fee exempt chemicals on Tier Two form:

—	
---	--

Number of chemicals subject to fee calculation on Tier Two Form:

=	
---	--

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? **YES** **NO**

Late payment surcharge (20% of fee)

Fee Due:	\$	
Surcharge Due:	\$	
TOTAL DUE:	\$	

The 2012 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

2013 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2013*:

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Number of fee exempt chemicals on Tier Two form:

—	
---	--

Number of chemicals subject to fee calculation on Tier Two Form:

=	
---	--

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory fee calculation 100,000 pounds or more? **YES** **NO**

Late payment surcharge (20% of fee)

Fee Due:	\$	
Surcharge Due:	\$	
TOTAL DUE:	\$	

The 2013 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

Required Attachment: I have attached a site plan

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

*Printed Name	* Signature	*Date Signed
*Official Title	() *Telephone Number	

RETURN SIGNED FORM AND FEE PAYMENT (IF APPLICABLE) TO: WISCONSIN EMERGENCY MANAGEMENT, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. For assistance call (608) 242-3225, (608) 242-3224, or (608) 242-3215, (608) 242-3246.

*Note: Forms must be signed and dated.

**INSTRUCTIONS FOR PAST YEARS' INVENTORY FEE STATEMENT
and TIER II HAZARDOUS CHEMICAL INVENTORY
DMA Forms 1171 and 1172 (Combined) (14-15)**

The **SIGNED AND DATED** Inventory Fee Statement is returned to: **Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. The Inventory Fee, if required, is sent to the same address, payable to: WISCONSIN EMERGENCY MANAGEMENT.**

INSTRUCTIONS: Please write in your Facility's I.D. Number at the top of pages 1 through 6.

- Item #1** This is the facility's WEM assigned Facility I.D. number. If this is the first time this facility is submitting an Inventory Fee Statement, leave the I.D. number blank; one will be assigned after the initial form is received.
- Item #2** Enter the facility owner's **nine-digit** Employer I.D. Number (EIN or FEIN). This is the owner's Tax I.D. number 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. **Please use only one address for each owner EIN/FEIN.**
- Item #3** 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 #4** Indicate the number of full-time equivalent (FTE) employees employed by this owner/operator in the State of Wisconsin during the year of the report. 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.**
- Item #5** Indicate whether the location where the hazardous chemicals are stored is manned or unmanned. If manned, indicate the maximum number of occupants.
- Item #6 (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. Section 112 of CAA (40 CFR part 68) Risk Management Program (RMP) 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 #7** 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 Facility Email for electronic communications. Provide the latitude and longitude of the facility.
- Item #8** If the mailing address for the facility is different from the facility's physical location indicated in question (7), 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 #9** 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 (MSDS)/Safety Data Sheet (SDS). Only one owner's name, address and contact name may be used in this block. Provide the Dun & Bradstreet number of the facility.
- Item #10** Provide the facility's parent company name, the parent company address, phone #, Dun & Bradstreet #, and email address in the boxes to the right.

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- Item #11** Enter the name, title and work phone numbers for two individuals (at minimum) who can be contacted by emergency responders. Provide a 24 hour phone number where emergency information will be available 24 hours a day, every day. This requirement is mandatory, there must be a minimum of two emergency contacts provided. The facility must make arrangements to ensure 24-hour contact.
- Item #12** 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 #13** 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.
- Item #14 Chemical Inventory (ALL FIELDS ARE REQUIRED):**

Chemical Description: This section requires specific information on chemical identity, hazards, amounts and chemical locations.

Chemical Abstract Service (CAS) number: For mixtures, enter the CAS # of the mixture as a whole if it has a CAS number distinct from its components. This information is on the Material Safety Data Sheet (MSDS). For a mixture that has no CAS number, enter N/A or report the CAS numbers of as many constituents as possible.

Chemical Name: Enter the chemical or common name of each hazardous chemical and name any EHS, if present.

Check all that apply: Trade Secret: Mark this box if you elect to withhold the name of a chemical under Title III Section 322. Enter the generic chemical class under chemical name (e.g., list toluene diisocyanate as organic isocyanate). Refer to Sec 322 trade secrecy information. **Chemical Descriptions:** Mark: pure or mixture, and solid, liquid or gas; and EHS if the chemical is or contains an EHS, as appropriate. Example: You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. Then you would mark "pure" and "mix," "liquid" and "gas," and "EHS".

EHS Name : Enter the EHS name is it is different from the chemical name)

Physical and Health Hazards: Mark the hazards that apply for each reportable hazardous chemical listed. The physical hazard and health hazard categories [defined in 40 CFR 370.3] are a consolidation of the 23 OSHA hazard categories at 29 CFR 1910.1200.

Inventory: Enter the information for each year, as appropriate. Calculate weight in pounds. To convert gas or liquid volume from gallons to pounds, multiply the specific gravity (usually located on the MSDS) by 8.33 to get the number of pounds per gallon. Multiply the pounds per gallon by the weight in gallons to get the weight in pounds. If a hazardous chemical is part of mixture, you can either report the weight of the entire mixture or the weight of the individual component within the mixture. However, this must remain consistent with Section 311 (MSDS/Chemical List Submission) See note below.

EHS's have lower reportable amounts and they (both a pure EHS and EHSs in mixtures) must be aggregated to determine if there is a reportable amount. If you determine an EHS is reportable, you may (1) list the weight of the EHS by itself OR (2) list the weight of each mixture containing the EHS. The EHS present in the mixture must be identified in the "EHS name" box. Again, this must remain consistent with Section 311 (MSDS/Chemical List Submission). See Note below.

NOTE: The reporting of mixtures must remain consistent with the format used in the facility's Section 311 report (SDS/Chemical List Submission). (1) If the SDS lists a hazardous chemical or the facility has submitted a SDS Chemical List with the hazardous chemical broken out, report just that hazardous chemical on the Tier Two. (2) If the SDS Chemical List is submitted under the mixture's name, it must be reported on the Tier Two as one mixture.

When reporting an EHS that meets or exceeds its specific Threshold Planning Quantity (TPQ), an Emergency Planning Notification Fee Statement DMA Form 1003 must also be submitted (if one has not been submitted previously). If a fee is owed for Planning Notification and it is received over 60 days after an EHS exceeded the TPQ, add a 20% late payment surcharge .

Maximum Daily Amount: For each reportable hazardous chemical, estimate the maximum amount present at your facility on any single day during the reporting period.

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Item #14 (Continued):

Average Daily Amount: For each hazardous chemical, estimate the average daily weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Example: A mixture was present for 315 days with a sum of the daily volume levels of 1,417,500 gallons. By dividing 1,417,500 gallons by 315 days on-site, you have an average daily amount of 4,500 gallons. The mixture weighs 7.0 pounds per gallon. Multiply 4,500 by 7.0 to get a weight of 31,500 pounds. Enter the actual Daily Amount.

Number of Days On-site: Enter the number of days the hazardous chemical was present each year.

Storage Codes and Locations: Enter the appropriate codes for container type(s) / condition(s) for each location and note storage locations.

Container: For each location, find the appropriate storage container type. Enter the corresponding code in the box.

Table 1- Container Types			
Code	Container Type	Code	Container type
A	Above ground tank	J	Bag
B	Below ground tank	K	Box
C	Tank inside building	L	Cylinder
D	Steel drum	M	Glass bottles / jugs
E	Plastic or non-metallic drum	N	Plastic bottles / jugs
F	Can	O	Tote bin
G	Carboy	P	Tank wagon
H	Silo	Q	Rail car
I	Fiber drum	R	Other

Pressure and Temperature: Look at Table 2. For each container type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

Table 2 - Pressure and Temperature Conditions			
Code	Pressure	Code	Temperature
1	Ambient	4	Ambient temperature
2	Greater than ambient	5	Greater than ambient temperature
3	Less than ambient	6	Less than ambient temperature, Not Cryogenic
		7	Cryogenic conditions

Storage Locations: Briefly, for the most recent reporting year, describe the location(s) of the chemical, indicating at a minimum, the building or lot. A chemical may be located in more than one place at a facility. Where practical, indicate the room, area or appropriate site coordinates or abbreviations. Enter maximum amt. at that location. The intent is that first responders would know the location of chemicals based on your storage locations and site map.

Maximum Pounds at Location: List the maximum amount present in pounds at this storage location on any single day during the reporting period.

Required Site Plan Attachment: Wis. Stats. 323.60 requires a site plan be attached to the Tier Two. A site plan is a facility plan that indicates the storage location of hazardous chemicals. Mark the attachment box. It can be no larger than 11x17 inches. The intent is that first responders would know the location of chemicals based on your storage locations and site map.

Confidential Location Information Option: Under Title III, Section 324, you may elect to withhold the location of a specific chemical from disclosure to the public. If you choose to do so, check the "confidential" box and write "confidential" in the Tier Two storage location box. Complete a Tier Two Confidential Location Information Sheet (DMA Form 1005) and provide the information for each chemical's location you are designating as confidential.

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- Item #15** Exemptions from Hazardous Chemical Reporting: select and mark the applicable exemption category and years.
- Item #16** Full Fee Exemption: select and mark the applicable exemption category and years.
- Item #17** Partial Fee Exemption: select and mark the applicable exemption category and years.
- Item #18** Annual Inventory Fee Calculation: Use the Fee amount data tables to calculate the fees for each previous year this report applies to. If there are fees owed a 20% late payment surcharge must be included in this calculation. Payment may be made to Wisconsin Emergency Management Facility Reporting Section.

Past Years Tier II Reporting can be done Online at: <https://whoprs.wisconsin.gov>