

2010 INVENTORY FEE STATEMENT
 (For Chemicals Present During Calendar Year 2009)

WISCONSIN EMERGENCY MANAGEMENT
 DMA 1004 (R11-09)
 Wis. Stat. 323.60

Facility Name: _____

Facility I.D. #: _____

(11) This facility is required to file a Tier Two report but is claiming **PARTIAL** exemption from the fees because some of the reportable substances present are fee exempt as follows: YES NO
 If answer to this question is "YES", check the appropriate fee exemption below. If "NO", Skip to question 12.

- a. This is a petroleum marketing facility with reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which is exempt from Inventory Fee calculation and there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. (See instructions for definition of a petroleum marketing facility).
- b. This facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.
- c. This facility has 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 are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility.

(12) FEE DETERMINATION:

- a. Total Number of Chemicals Reported on 2010 Tier Two Form for chemicals present during 2009:
- b. Number of Chemicals on Tier Two Form for which fees are not being paid (see instructions):
- c. Number of Chemicals for which fees are being paid (Subtract line b from line a):
- d. Is the **cumulative** total of the actual **maximum** daily amounts of the chemicals (line c) 100,000 pounds or more?
 YES NO If "YES", determine fee on line (B) below. If "NO", determine fee on line (A) below.
- e. Fee Owed (See fee schedule below to determine fee. Enter this amount on line 1 of the 2010 Fee Remittance Form): \$

Number of Chemicals (see 12c above):		1	2-10	11-100	101-200	201-300	301-400	401-500	500+
Line A	Fee: (<u>under</u> 100,000 lbs. Cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
Line B	Fee:(100,000 lbs or more cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

- f. **LATE PAYMENT SURCHARGE:**
 Fees are due **March 1, 2010**. The above fee is being paid by the due date: YES NO
 If "YES", enter "Ø". If "NO", enter 20% of fee on line 12e. Surcharge: \$
 Enter this amount on line 2 of the 2010 Fee Remittance Form

- g. **TOTAL FEES REMITTED:**
 (Add lines 12e and 12f) \$
 Enter this amount on line 3 of the 2010 Fee Remittance Form

Check #: _____

(13) CERTIFICATION: 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 the Inventory Fee Statement and Tier Two Form with **original signatures**, directly to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. **Unsigned signature forms will be returned for an original ink signature.* Return the Fee Payment form (if fee due) directly to Wisconsin Emergency Management/SERB, Fee Processing Service, Drawer 988, Milwaukee, WI 53293-0988, *unless you are filing for the first time. Then send Fee Payment Form along with IFS & Tier Two to Madison.* **PLEASE NOTE:** Copies of the Inventory Fee Statement and Tier Two Form are to be sent to the appropriate County LEPC, C/O the County Emergency Management Office, and to the local Fire Department with jurisdiction over the facility.

INSTRUCTIONS FOR 2010 INVENTORY FEE STATEMENT – DMA Form 1004 (R11-09)
For use in reporting chemicals present during calendar year 2009. Due March 1, 2010

The original Inventory Fee Statement and Tier Two Form with original signatures, are to be returned directly to Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. The Fee Statement (if fee due) is to be mailed to Wisconsin Emergency Management/SERB, Fee Processing Service, Drawer 988, Milwaukee, WI 53293-0988.

NOTE: Copies of the Inventory Fee Statement and Tier Two Form are to be sent the appropriate County LEPC, C/O the County Emergency Management Office, and to the local Fire Department with jurisdiction over the facility.

DMA Form 1004 (R11-09) Instructions:

#1: This is the facility's WEM assigned I.D. #. Indicate this number in the upper right corner on each page of this fee statement. If this is the first time that this facility is submitting an Inventory Fee Statement, leave the I.D. # blank; one will be assigned after the first-time form is received.

#2: Provide the facility owner's nine-digit Federal Employer Identification Number (FEIN). This is the owner's Tax I.D. # or Social Security #. All facilities have a FEIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your FEIN. **Only one address can be used for each owner FEIN.**

#3: Provide the facility name and physical location address in the boxes to the right. Mark and provide the name of the city, village or township in which the facility is located in the box to the right. If this is a tribal facility, please mark the appropriate box and indicate the tribal name.

#4: Provide the information for the facility's mailing address in the boxes to the right.

#5: Indicate if correspondence from Wisconsin Emergency Management should be sent to the owner at the address indicated in #6. If you mark "NO", correspondence will be sent to the facility mailing address indicated in #4.

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

#7: Indicate 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, or you may contact the Facility Reporting Section at 608-242-3224.

#8: Indicate if the facility is required to file a Tier Two Emergency and Hazardous Chemical Inventory Report. The owner/operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970 (OSHA), to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility; or a public or private agency as defined below, is subject to the Tier Two reporting requirements. The OSHA Hazard Communication Standard (specifying MSDS requirements) includes the non-manufacturing sector.

A "Facility" is defined as, "All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with, such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as all natural structures in which chemicals are purposefully placed or removed through human means. (A public right-of-way does not separate into two facilities, two sites owned or operated by the same person.)"

"Private Agency" is defined as a, "Privately owned and operated research facility or educational institution." "Public Agency" is defined as a, "State or local office, agency, board, commission, committee, council, department, research facility, educational institution or public body corporate or politic created by constitution, law, ordinance, rule or order, or a governmental or quasi-governmental corporation."

"YES" would be marked if the facility is required to file a Tier Two Report Form listing reportable hazardous chemicals present during 2009. This Inventory Fee Statement must be completed and submitted and fees paid, as appropriate. See the Tier Two instructions for information on which hazardous chemicals must be listed on a Tier Two Report Form.

"NO" would be marked ONLY if ALL of the hazardous chemicals present at the facility during 2009 fall under one or more of the Tier Two reporting exemptions listed under #9. See page one of the Tier Two Report Form instructions for a detailed list of the Tier Two reporting exemptions. **This Inventory Fee Statement must still be completed and returned, noting the applicable exemptions from the Tier Two reporting.**

#9: Complete this item only if you answered "NO" to #8. If ALL of the hazardous chemicals present at this facility during 2009 are exempt from Tier Two reporting, mark the appropriate box (es) for Tier Two reporting exemption (s) (items a-d) below and proceed to #12 - Fee Determination.

Mark box "a": If the facility is not covered by the OSHA Hazard Communication Act and is not a public or private agency.

Mark box "b": If this facility did not have present at any time last year any hazardous chemicals at or above 10,000 pounds. Also, if it did not have any extremely hazardous substances at or above 500 pounds or the designated threshold planning quantity (TPQ), whichever is lower. If the situation changes, it is the facility's responsibility to notify Wisconsin Emergency Management.

Mark box "c": If per OSHA Hazard Communication Act regulations, hazardous chemicals present are not required to have Material Safety Data Sheets prepared or available at this facility because of CFR Chapter 29, Section 1910.1200(b)]. See page one of the Tier Two Report Form instructions for a detailed list of the eight OSHA reporting exemptions.

Mark box "d": If hazardous chemicals present at this facility fall under one or more of the five Section 311(e) exemptions. See page one of the Tier Two Report Form instructions for a detailed list of the five 311(e) reporting exemptions.

#9: (continued)

Mark box "e". If this is a Retail Gas Station and all of the following apply:

- 1) Gasoline and diesel fuel were stored 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 preceding calendar year, and
- 4) No other substances were present at or above EPCRA reporting thresholds.

Please note: You cannot answer "YES" to BOTH #10 and #11. A facility cannot be both fully and partially exempt from fees.

#10: Mark "YES" to indicate the facility is **FULLY FEE EXEMPT** if **ALL** of the reportable hazardous chemicals present at this facility fall under one or more of the **fee exemptions** listed below (a-d) and mark as appropriate. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility with reportable amounts of gasoline and diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.

A Petroleum Marketing Facility is defined as "A facility where petroleum products are stored for retail or resale, and are received by tank vessels, tank car or tank vehicle, and are stored or blended in bulk for the purpose of distributing such liquids by tank vessel, tank car, tank vehicle, or portable tank, and where petroleum products used as fuels are stored and dispensed from fixed equipment into vehicle fuel tanks. Retail applies to all instances of resale as defined in the law. Resale facilities also includes every person engaged in the business of making sales to the general public at retail within this State. **NOTE:** Gasoline and diesel fuel stored for use by the facility is not covered by this exemption.

Mark Box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.

Mark box "c": If the operator of this facility had fewer than ten full-time equivalent employees in the State of Wisconsin during 2009. [20,000 hours of employee time annually equals ten full-time equivalent (FTE) employees]. Please indicate the number of FTE employees in the space provided. **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. Reportable amounts of hazardous chemicals present must still be listed on the Tier Two Report Form.

Mark box "d": If the facility has 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 are no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of road de-icing agents present must still be listed on the Tier Two Report Form.

#11: Mark "YES" to indicate the facility is **PARTIALLY FEE EXEMPT** if **SOME** of the reportable hazardous chemicals present at the facility are fee exempt and mark as appropriate below. Mark "NO" if this does not apply.

Mark box "a": If this is a Petroleum Marketing Facility (see definition above) with reportable amounts of gasoline and diesel fuel present held for resale or retail which are exempt from Inventory Fee calculation, but there **are** other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.

Mark box "b": If the facility has reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation, but there are other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.

Mark box "c": If the facility has 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, but there are other reportable hazardous chemicals subject to the Inventory Fee present at the facility. **NOTE:** Reportable amounts of the de-icing agents present must still be listed on the Tier Two Report Form.

#12, Inventory Fee Calculation:

Box "a": Enter the total number of reportable chemicals listed on the 2010 Tier Two Report Form (for chemicals present during 2009).

Box "b": Enter the total number of chemicals exempt from fees (fee exemptions claimed in questions 10 or 11).
NOTE: If you choose to include chemicals on the Tier Two that are considered reporting exempt, they should also be included in the fee exempt total. Fee calculation is based on the number of reportable chemicals and their cumulative weight.

Box "c": Enter the total number of chemicals subject to fee calculation (subtract line b from line a).

Box "d": Mark "YES" if the cumulative actual maximum amount of all chemicals in box "c" is 100,000 pounds or more, and use Fee Schedule line B. Mark "NO" if the cumulative actual maximum amount of all chemicals in box "c" is less than 100,000 pounds, and use Fee Schedule line A.

Number of Chemicals (see 12c):	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt.: (<u>under</u> 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

Box "e": Enter the Inventory Fee due using the fee schedule above. Also enter this amount on line 1 of the 2010 Fee Remittance Form.

Box "f": If fees are paid on or before March 1, 2010, enter "0"; if fees are paid after March 1, 2010, enter 20% of the amount in box (e). Also enter this amount on line 2 of the 2010 Fee Remittance Form.

Box "g": This is the total of lines (e) and (f). Also enter this amount on line 3 of the 2010 Fee Remittance Form.

#13: COMPLETE THE ENTIRE CERTIFICATION SECTION. An original signature, in ink, is required. An incomplete or unsigned Fee Statement will be returned.

WISCONSIN 2010 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
For use in reporting chemicals present during 2009 (Due March 1, 2010)

FACILITY LOCATION:

Name: _____
Address: _____
City, State, ZIP: _____

OWNER/OPERATOR:

Name: _____
Address: _____
City, State, ZIP: _____

New facilities will be assigned WEM I.D. #

WEM I.D. #: _____
FEIN #: _____
NAICS: _____

EMERGENCY CONTACT INFORMATION:

Name #1: _____
Name #2: _____

Phone #1: _____
Phone #2: _____

24-hr. Phone: (____) _____
24-hr. Phone: (____) _____

CHEMICAL DESCRIPTION

CAS Number: _____
Chemical Name: _____

Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS
Yes <input type="checkbox"/>						
No <input type="checkbox"/>						

EHS Name (if different from chemical name): _____

Physical and Health Hazards (see instructions)

Fire	Pressure	Reactivity	Immediate	Delayed
Yes <input type="checkbox"/>				
No <input type="checkbox"/>				

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site
_____	_____	_____

Actual Maximum Amount	Pounds	Gallons
_____	<input type="checkbox"/>	<input type="checkbox"/>

Fee and/or Reporting Exempt

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
_____	_____	_____	Confidential <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Certification Read and Sign after completing all sections. ***Original Ink Signature Required.**

I certify under penalty of law that I have personally examined and am familiar with the information submitted on pages 1 through _____ (indicate last page) in addition to all attached documents, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

REQUIRED ATTACHMENT:

I have attached a site plan.

Name & Official Title of owner/operator OR owner/operator's authorized representative _____ *Signature _____ Date Signed _____
Please Return Forms with Original Signatures to: Wisconsin Emergency Management, Facility Reporting, P.O. Box 7978, Madison, WI 53707-7978.
***Unsigned signature forms will be returned for an original ink signature.** For assistance call (608) 242-3224.
 Send copies to the County Local Emergency Planning Committee and the local Fire Department.

WISCONSIN 2010 TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY
Continuation Page for use in reporting chemicals present during 2009 (Due March 1, 2010)

Facility Name: WEM I.D. #:

CHEMICAL DESCRIPTION

CAS Number:																				
Chemical Name:																				
Trade Secret	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mix	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Solid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liquid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name):

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site	Actual Maximum Amount	Pounds	Gallons	Fee and/or Reporting Exempt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHEMICAL DESCRIPTION

CAS Number:																				
Chemical Name:																				
Trade Secret	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mix	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Solid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liquid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	EHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EHS Name (if different from chemical name):

Inventory (see instructions)

Max. Daily Amount	Avg. Daily Amount	No. of Days On Site	Actual Maximum Amount	Pounds	Gallons	Fee and/or Reporting Exempt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Storage Codes and Locations (see instructions for codes)

Container	Pressure	Temperature	Storage Locations (Do not exceed 100 characters: spaces and punctuation count as characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS FOR WISCONSIN 2010 TIER TWO REPORT FORM – DMA FORM 1005 (R11-09)

For use in reporting chemicals present during calendar year 2009. Due March 1, 2010

THE TIER TWO REPORT FORM IS DUE MARCH 1, 2010. The reporting period is January 1 to December 31, 2009.

WHERE TO SUBMIT THE TIER TWO FORM? The Tier Two Form with the **original signature** is mailed directly to Wisconsin Emergency Management, Facility Reporting Section, 2400 Wright Street, Room 212, P.O. Box 7978, Madison, WI 53707-7978.

NOTE: Copies of the Inventory Fee Statement and Tier Two Report Form must be submitted to the County Local Emergency Planning Committee, C/O the County Emergency Management Office (see attached list), and to the local Fire Department with jurisdiction over the facility.

WHO MUST SUBMIT THIS FORM? Title III of SARA (Superfund Amendments and Reauthorization Act at 42 USC 11022) states that the owner/operator of a facility required under the Occupational Safety and Health Act (OSHA) to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility [see OSHA MSDS requirements at Title 29 CFR Section 1910.1200] and public and private agencies [defined by Wis. Stat. 323.60(1)(h) and (i)], are subject to the Tier Two requirements. A separate Tier Two Report must be submitted for each facility with reportable hazardous chemicals. See Fee Statement instructions for definition of facility. A facility exempt from Tier Two Reporting, must return an Inventory Fee Statement to certify the facility is exempt.

WHAT CHEMICALS MUST BE REPORTED? Any hazardous chemical for which OSHA requires an MSDS that was present at a facility at any one time during 2009, at or above 10,000 pounds, and/or any Extremely Hazardous Substance (EHS) that was present at a facility at any one time during 2009, at or above 500 pounds or the threshold planning quantity (TPQ), whichever is lower; unless one or more of the exemptions below apply. **If you have claimed a fee exemption or partial fee exemption on the Inventory Fee Statement, mark the appropriate box next to the applicable chemical on the Tier Two for which you are claiming the exemption.**

Title 29 CFR, Section 1910.1200(b), OSHA exemptions include:

- (i) Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended (42 U.S.C. 6901 et seq.) when subject to regulations issued under that Act.
- (ii) Tobacco or tobacco products;
- (iii) Wood or wood products;
- (iv) "Article" means a manufactured item, other than a fluid or a particle: which is formed to a specific shape or design during manufacture; which has end use functions dependent in whole or in part upon the shape or design during end use; and which under normal conditions of use does not release more than very small quantities, e.g., minute or trace amounts [as determined under 29 CFR 1910.1200(d)] and does not pose a physical hazard or health risk to employees.
- (v) Food, drugs, cosmetics or alcoholic beverages in a retail establishment which are packaged for sale to consumers;
- (vi) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace;
- (vii) Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 1251 et seq.) respectively, where the employer can demonstrate it is used in the workplace in the same manner as normal consumer use, and which use results in a duration and frequency of exposure which is not greater than exposures experienced by consumers; and
- (viii) Any drug, as that term is defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq., when it is in solid, final form for direct administration to the patient (i.e. tablets or pills).

Section 311(e) of Title III excludes the following substances:

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;
- (iv) Any substance to the extent it is used in a hospital or other medical facility under the direct supervision of a technically qualified individual (Substances used in research facilities are not excluded under Wisconsin law.);
- (v) Any substance to the extent it is used in routine agricultural operations (by the end user) or is a fertilizer held for sale by the retailer to the ultimate customer.

If you choose to report a chemical that is reporting exempt, please mark the

reporting exempt box next to the applicable chemical.

Retail Gas Station Reporting Exemption. The US EPA has changed reporting thresholds at retail gas stations. **The following conditions must be met:**

1. Gasoline and diesel fuel were stored in a tank(s) entirely underground; the facility was in compliance with all Underground Storage Tank requirements at all times during 2009; no other substances were present at or above EPCRA reporting thresholds; and
2. Less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present.

INSTRUCTIONS FOR COMPLETING THE TIER TWO FORM

You may make copies of the blank "continuation page", as needed, to list additional reportable chemicals and complete accordingly.

Facility Location: Enter the facility name, street address or road, and city. If an address is not available, provide an appropriate identifier that describes the physical location (e.g., fire #).

Owner/Operator: Enter the owner's or operator's full name and mailing address with city and state. Note: This is the owner or the company who is required to maintain the Material Safety Data Sheet.

WEM I.D. #: Please enter. If you are reporting for the first time, leave the WEM I.D. # blank. This number will be assigned to the facility after the initial submission is received.

FEIN #: Enter the facility owner's nine-digit Federal Employer Identification Number (FEIN). This is your federal taxpayer I.D. number.

NAICS Code: Enter facility's North American Industry Classification System Code.

Emergency Contact Information: Enter the name and work phone # of two individuals who can be contacted by emergency responders. Provide a 24 hour phone # where emergency information will be available 24 hours a day, every day. This requirement is mandatory. The facility must make arrangements to ensure 24-hour contact.

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

Chemical Abstract Service (CAS) number: For mixtures, enter the CAS number 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, leave this item blank or report the CAS numbers of as many constituents as possible.

Trade Secret: Mark "YES" 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 EPA's regulation on trade secrecy for 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 "Yes" for "pure" and "mix," "liquid" and "gas," and "EHS".

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

Physical and Health Hazards: Mark "YES" for hazards that apply for each reportable hazardous chemical you have 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. See hazard category descriptions below.

EPA's Hazard Categories

Fire Hazard

Sudden Release of Pressure
Reactive

Immediate (acute) Health Hazard

Delayed (chronic) Health
Hazard

OSHA's Hazard Categories

Flammable, Combustion liquid, Pyrophoric,
Oxidizer.

Explosive, Compressed Gas.
Unstable Reactive, Organic Peroxide, Water
Reactive.

Highly Toxic, Toxic, Irritant, Sensitizer, Corrosive,
other hazardous chemicals with an adverse effect
with short-term exposure.

Carcinogens, other hazardous chemicals with an
adverse effect with long-term exposure.

Inventory: Calculate all amounts as weight in pounds. To convert gas or liquid volume to weight in pounds, multiply by the appropriate density factor (usually located on the MSDS). If a hazardous chemical is part of a 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.

EHSs 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 (MSDS/Chemical List Submission). (1) If the MSDS lists a hazardous chemical or the facility has submitted a MSDS Chemical List with the hazardous chemical broken out, report just that hazardous chemical on the Tier Two. (2) If the MSDS or MSDS Chemical List is submitted under the mixture's name, it must be reported on the Tier Two as one mixture.

Example: A facility has chosen to submit a MSDS under Section 311, listing a mixture that is 10% Chlorine (an EHS) and 90% Water. The maximum amount present at the facility at any one time is 500 gallons of the mixture. The weight of the mixture (found usually on the MSDS) is 10 pounds per gallon. Multiply 500 (gallons) by 10 (pounds), the total weight of the mixture is 5000 pounds. To calculate the EHS amount, take the total mixture weight and multiply by the percentage of the EHS in the mixture. 5000 (total weight) X .10 (amount of Chlorine) = 500 pounds. This meets the reporting requirement for an EHS (500 pounds or the TPQ, whichever is less). The total weight of the mixture (Chlorine and Water) is 5000 pounds, which is below the 10,000 pound reporting threshold, but since the EHS amount did meet the reporting requirement, the Chlorine must be reported either as an individual chemical or as a component of the mixture. Since the facility has chosen to submit the MSDS and not a MSDS Chemical List by individual component, the **entire mixture** of 5000 pounds will need to be reported on the Tier Two. *The EHS present in the mixture (Chlorine) must be identified in the "EHS name" box.* **NOTE: Always review your Material Safety Data Sheet for the correct weight per gallon.**

When reporting an EHS that meets or exceeds its specific Threshold Planning Quantity (TPQ), an Emergency Planning Notification Fee Statement 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. Find the appropriate range value code in Table 1 below, and enter the code in the maximum daily amount box.

Code	From...	To...
01	0	99
02	100	999
03	1,000	9,999
04	10,000	99,999
05	100,000	999,999
06	1,000,000	9,999,999
07	10,000,000	49,999,999
08	50,000,000	99,999,999
09	100,000,000	499,999,999
10	500,000,000	999,999,999
11	1 billion	higher than 1 billion

Example: You received a shipment of 5,000 gallons of mixture last year. At the time of the shipment you had 1,000 gallons of the mixture on site. The mixture weighs 7.0 pounds per gallon, so multiply 6,000 by 7.0 to get a weight of 42,000 pounds. Table 1 shows that the range value "04" corresponds to 42,000. Enter "04" in the box.

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. Find the appropriate range value in Table 1 and enter this in the box.

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. Table 1 shows the range value "04" corresponds to 31,500 pounds. Enter "04" in the box.

Number of days on-site: In the box enter the number of days the hazardous chemical was on-site.

Actual maximum amount: In the box enter the maximum daily amount of the hazardous chemical that was present at your facility on any given single day during the reporting period. Mark whether the amount is in pounds or gallons. This

is the amount before converting it to code from Table 1. In other words, this is the maximum amount on site at any one time during the year. Following the previous example you would enter "31,500 pounds" in the box.

Fee and/or Reporting Exempt: Check the box if this chemical is either fee or reporting exempt. Include these chemicals in the fee exempt total (12b) on the Inventory Fee Statement.

Storage codes and locations: For each reportable hazardous chemical location, enter the appropriate codes for storage type(s)/condition(s) associated with each location and note storage locations. A particular chemical may be located in several places around the facility.

Container: Look at Table 2. For each location, find the appropriate storage container type. Enter the corresponding code in the box.

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 3. For each storage type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

Code	Pressure	Code	Temperature
1	Ambient	4	Ambient Temp
2	Greater than ambient	5	Greater than ambient Temp
3	Less than ambient	6	Less than ambient temp, Not Cryogenic
		7	Cryogenic conditions

Storage locations: Briefly describe the precise location(s) of the chemical, so that emergency responders can locate the area easily, indicating at a minimum, the building or lot. Where practical, indicate the room, area or appropriate site coordinates or abbreviations. Do not exceed the space provided (100 characters: spaces and punctuation count as characters).

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. *You must also request a Tier Two Confidential Location Information Sheet from Wisconsin Emergency Management and complete the confidential location information for each chemical's location you are designating as confidential.* Return the Confidential Location Information Sheet (by March 1, 2010) to Wisconsin Emergency Management. Copies must be sent to the appropriate county LEPC and local Fire Department with jurisdiction over the facility.

Required Site Plan Attachment: Wis. Stats. 323.60 requires a site plan be attached to the Tier Two. A site plan means facility floor plans showing the storage location of hazardous chemicals. Mark the required attachment box.

CERTIFICATION: The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the bottom of the first page of the Tier Two form, enter the full name, and official title. **An original signature, in ink, and date are required.** Also, list the total number of pages included in the Tier Two Report and mark attachment boxes. An incomplete or unsigned Tier Two Report Form will be returned.

FOR QUESTIONS OR ASSISTANCE CALL (608) 242-3224; for additional information or blank forms visit our website at <http://emergencymanagement.wi.gov>

PENALTIES: Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Wisconsin law provides a civil penalty of up to \$25,000 for each violation. Each day a violation continues shall constitute a separate violation. Under Wisconsin law any owner or operator who negligently makes a false statement or representation on the Tier Two form or Inventory Fee Statement shall be liable for a civil penalty of not less than \$100 nor more than \$25,000.