Submission Type (Select One): ☐ ORIGINAL ☐ AMENDED

2017 Farm Emergency Planning Notification (EPN)

WISCONSIN EMERGENCY MANAGEMENT
DMA 83R (R12-16) Wis. Stat. 323.60

[1] Farm Identification

WEM Facility ID #	Owner's Federal Employer ID # (EIN)	Is this a federal or federally recognized tribal facility? ☐ Yes ☐ No

Farm Name	Farm Contact Name	Check primary activity: ☐ Crops ☐ Livestock ☐ Both

Farm Street Address	County	City	State	Zip

Total full-time equivalent employees employed within Wisconsin by this owner/operator when the threshold quantity was exceeded: _____	Fire Department

Latitude	Longitude	Farm E-mail	Farm Phone Number ( )

☐Manned ☐Unmanned	Maximum Number of Occupants (If manned): _____	2012 NAICS Code	Dun & Bradstreet No.

Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? ☐ Yes ☐ No

Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? ☐ Yes ☐ No

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

Subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? ☐ Yes ☐ No

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

[2] Mailing Address ☐ Check if same as farm address

Company	Attn:		
Street	City	State	Zip

[3] Owner or Operator Information ☐ Check if same as farm address ☐ Check if same as mailing address

Owner Name	Attn:		
Street	City	State	Zip
Phone ( )	E-mail		

[4] Farm Emergency Planning Coordinator

Name	Title
Phone ( )	24 Hour Phone ( )
E-mail	

[5] Tier II Contact

Name	Title
Phone ( )	24 Hour Phone ( )
E-mail	

WEM Facility ID #	Farm Name	WISCONSIN EMERGENCY MANAGEMENT DMA 1004 (R12-16) Wis. Stat. 323.60

6 Farm Emergency Contacts

1.	Name	Title	
	Phone Number ( )	24-Hour Phone ( )	E-Mail
2.	Name	Title	
	Phone Number ( )	24-Hour Phone ( )	E-mail

7 Extremely Hazardous Substance (EHS) Identification

In the space below, list the agricultural Extremely Hazardous Substances and the maximum amount stored at any one-time by this farm operation. Chemicals are considered stored if they are present on the farm, at a minimum, overnight. Do not include chemicals brought to the farm and immediately applied (used) during the same day.

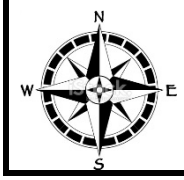
ADD	DELETE	CAS NUMBER	EHS CHEMICAL NAME	Max Qty. Present at or Above Threshold Planning Quantity **at Any One Time** (in Pounds)	Date EHS Exceeded TPQ (DD/MM/YYYY)
☐	☐				
☐	☐				
☐	☐				

8 Farm Site(s) Information

☐ YES ☐ NO	**Does your farm operation own or lease any other fields (not connected to the main farm-site) where agricultural chemicals listed above are stored (overnight or longer) above the planning quantity?**

9 Farm Site Drawing

Below, please make a simple drawing of your farm site. Use squares for buildings and label them. Include driveways, roads (with names), and any rivers, streams or creeks (with names, if available). A compass is provided in the bottom left hand corner of this document. Indicate where chemicals are stored on the property (structures, fields, containers, etc.).



[10]CERTIFICATION (Required)

I certify under penalty of law that I have personally examined and am familiar with the information submitted and, to the best of my knowledge, I believe that the submitted information is true, accurate, and complete.

☐ **I understand that I am officially submitting this report and associated information to authorities. I also understand that once this submission is completed I cannot edit the information and it will become an official archive for authorities.**

Name of Owner/Operator or Authorized Representative (Print)	Telephone Number
Official Title	
Signature*	Date