

8) FEE DETERMINATION (answer only if #7 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:

9) Extremely Hazardous Substance (EHS) Identification

ADD	DELETE	CAS #	EHS CHEMICAL NAME	Max. Qty. present at or above threshold planning quantity <i>at any one time</i> (in pounds)

10) 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 on-line 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 FEE STATEMENT

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, only if this is the first time the facility is submitting an Emergency Planning Notification Fee Statement OR check AMENDED if the submission is amending an original Emergency Planning Notification Fee Statement previously submitted by the facility OR check REVISE CHEMICAL INFORMATION, if revising chemical information to add or delete a EHS chemicals.

1. Complete the owner/operator's name and mailing address. Provide the owner/operator contact name and phone number. Indicate your Federal Employer Identification Number (i.e. the Tax I.D. Number or Social Security Number for the Owner/Operator). All facilities have a nine-digit FEIN, even municipalities and other "tax exempt" organizations. Your payroll department will have a copy of your FEIN on the facility's preprinted Federal Tax Deposit Coupon (IRS 8109). Include the facility's six digit North American Industry Classification System (NAICS) code.

2. 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. Include the City, Village, or Town in which the facility is located. Indicate the county and fire department jurisdiction.

Definition of a facility: 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 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. Public and private agency are defined by Wisconsin Statute 323.60.

3. If the facility is a farm, please check the primary activity. Check only one. If the facility is located on Tribal land, please name the tribe.

4. Complete the mailing name and mailing address, if different than the owner/operator's name and mailing address.

5. Check the box for the mailing address where official correspondence from WEM should be sent. Check only one.

6. Provide the name and phone number of the individual who will serve as the facility's emergency coordinator.

7. 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 #8.

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 #10.

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 #10.

8. 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.

9. 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.

10. 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

END OF INSTRUCTIONS