

Fac. I.D.#: _____ (New facilities will not have I.D.#)

Section 166.20-21, Wis. Stats.

DMA FORM 83R (9-01)

WISCONSIN EMERGENCY MANAGEMENT

P.O. Box 7978

Madison, Wisconsin 53707-7978

608-242-3221

FARM EMERGENCY PLANNING NOTIFICATION

[] ORIGINAL [] AMENDED

PLEASE PRINT. Return this completed form, with signature, to the address in the upper right hand corner above. Also send a copy to your County Local Emergency Planning Committee (LEPC). Please read the active ingredients on your product labels to determine if any of the products you store have an Extremely Hazardous Substance (EHS) ingredient. Call your County Emergency Management Director for questions and assistance, or call WEM at 608-242-3221.

(Farm Owner/Operator Name)

(Phone number)

(Alternate 24 Hour Contact: name of person other than farm owner/operator)

(Phone number)

(Farm Location/Address)

(City/Village/Town)

(Zip Code)

(Mailing Address - if different than above)

(City/Village/Town)

(Zip Code)

(County)

Primary Farm Activity: [] Crops [] Livestock [] Both

Employee Information: The operator of this farm has _____ (number) full-time equivalent employees in Wisconsin (2000 hours paid annually = 1 full-time equivalent employee).

Emergency Information: _____

(Name of Fire Dept.)

(Phone number)

Identification of agricultural chemicals stored

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.

Write "NONE" in the first space below if you determine you are not required to list any substances and are exempt from farm emergency planning notification.

Trade Name or Chemical Name

Max. amount at farm

Month(s) present

1) _____ lbs. _____

(MORE ON BACK -- COMPLETE SITE PLAN DRAWING AND SIGNATURE SECTION ON REVERSE SIDE)

<u>Trade Name or Chemical Name</u>	<u>Max. amount at farm</u>	<u>Month(s) present</u>
2) _____	_____ lbs.	_____
3) _____	_____ lbs.	_____
4) _____	_____ lbs.	_____
5) _____	_____ lbs.	_____

***Attach sheet with the above information to list additional chemicals.

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?

FARM SITE DRAWING

Below, please make a simple drawing of your farm site. Use squares for buildings and label them. Include driveways, roads (with name), and any rivers, streams or creeks. Draw in "North" with an arrow. **SHOW WHERE CHEMICALS ARE STORED IN BUILDINGS AND ON THE PROPERTY.**

CERTIFICATION:

I, as the owner/operator of this farm OR as the owner/operator's authorized representative, have reviewed this document and certify that the information submitted is true, accurate and complete.

Print Name

(_____) _____
Telephone Number

Signature

____/____/____
Date Signed