

FARM EMERGENCY PLANNING NOTIFICATION

[] ORIGINAL [] AMENDED

PLEASE PRINT. All fields are required. Return this completed form, with signature, to the address in the upper left hand corner. Please read the active ingredients on your product labels to determine if any of the products you store contain an Extremely Hazardous Substance (EHS). Call your County Emergency Management Director for questions and/or assistance, or call WEM at 608-242-3225 or 608-242-3224.

(Farm Owner/Operator Name) (Phone number) (Email)

(Alternate 24-Hour Emergency Contact: Person other than farm owner/operator) (Phone number) (Email)

(Farm Location/Address) (City/Village/Town) (Zip Code) (County)

(Mailing Address - if different than above) (City/Village/Town) (Zip Code) (County)

(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 Department)

Employee Identification Number: _____

Facility is Manned or Unmanned: [] Yes [] No | If manned, maximum number of occupants is [] .

Regulation Status:

- A. Is Farm Facility subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? [] Yes [] No
B. Is Farm Facility subject to Chemical Accident Prevention under Section 112(r) of the Clean Air Act (40 CFR part 68, Risk Management Program)? [] Yes [] No | If Yes is selected, provide the RMP Facility ID Number: _____
C. Is Farm Facility subject to Toxic Release Inventory under Section 313 of EPCRA (40 CFR part 372)? [] Yes [] No | If Yes is selected, provide the TRI Facility ID Number: _____

(CONTINUE ON NEXT PAGE -- COMPLETE SITE PLAN DRAWING AND SIGNATURE SECTION)

Identification of Stored Agricultural Chemicals

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.

	<u>Trade Name or Chemical Name</u>	<u>Max. amount at farm</u>	<u>Month(s) present (MM/DD/YYYY)</u> (Date Exceeded TPQ)
1.	_____	_____ lbs.	_____
2.	_____	_____ lbs.	_____
3.	_____	_____ lbs.	_____
4.	_____	_____ 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 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.).



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 and Title

(_____) _____
Telephone Number

Signature

_____/_____/_____
Date Signed (mm/dd/yyyy)

Return completed and signed Farm Emergency Planning Notification to Wisconsin Emergency Management:

**Wisconsin Emergency Management
2400 Wright Street
P.O. Box 7978
Madison, Wisconsin 53707-7978**

For Assistance, Contact Wisconsin Emergency Management:

**Help Desk: (608) 242-3225 or (608) 242-3224
Email: dmawhoprs@wisconsin.gov**