

\_\_\_\_\_ COUNTY

**EPCRA HAZARDOUS MATERIALS RESPONSE PLAN TRANSMITTAL  
NEW — OFF-SITE FACILITY PLAN — NEW**

This document has been prepared in accordance with state and local requirements and is ready to be made a part of the Emergency Operations Plan upon Wisconsin Emergency Management (WEM)/State Emergency Response Commission (SERC) acceptance. This new plan meets off-site planning guidance as established by WEM/SER. Acceptance of this plan is for planning purposes and does not verify facility compliance with the requirements of EPCRA.

**OFF-SITE FACILITY PLAN FOR:** (WEM Facility I.D.): \_\_\_\_\_ - \_\_\_\_\_

Facility Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

**LOCAL SIGNATURES:**

I have reviewed the attached plan and to the best of my knowledge all facility information is true and accurate and complete. The plan is consistent with on-site facility procedures.

\_\_\_\_\_  
Facility Coordinator

\_\_\_\_\_  
Date

**COUNTY SIGNATURES:**

I have reviewed the attached plan and to the best of my knowledge all information is true, accurate and complete.

\_\_\_\_\_  
County Emergency Management Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Local Emergency Planning Committee Chair

\_\_\_\_\_  
Date

**WEM/SERC ACCEPTANCE:**

This document has been reviewed and meets the off-site planning guidance as established by WEM/SERC.

\_\_\_\_\_  
WEM Regional Director

\_\_\_\_\_  
Date

\_\_\_ Review guide attached