

# Green Tier Application

Revision 05/2005

State of Wisconsin  
Department of Natural Resources  
PO Box 7921,

Madison WI 53707-7921  
Form 4800-022  
dnr.wi.gov

**Notice:** Collection of this information is authorized under s. 299.83 Wis. Stats. Participation in Green Tier and completion of this form are voluntary. Personal information collected on this form, including such data as your name, address, phone number, etc., will be used in the implementation of Green Tier and will be made broadly available under the Green Tier program. Information will also be made accessible to requesters under Wisconsin's Public Records Law (ss. 19.32 -19.39, Wis. Stats.). Applications must be considered complete by the Department of Natural Resources in order to be processed. For application instructions, see "Green Tier Application Instructions," publication number CO-501.

This application is a:  Tier 1 Participation Request  Tier 2 Participation Request

## I. Applicant Information (add additional forms for each entity that is part of the applicant group)

|   |                            |                                   |                   |
|---|----------------------------|-----------------------------------|-------------------|
| Person or Entity Name<br>David W. Bernd |                            | Title<br>Facility Manager         |                   |
| Street Address<br>126 N. Commercial St. | City<br>Neenah             | State<br>WI                       | Zip Code<br>54956 |
| Telephone Number<br>920-721-6204        | Fax Number<br>920-721-8500 | E-mail Address<br>dwbernd@kcc.com |                   |

## II. Facility Information (add additional forms for each facility or activity that is to be included in Green Tier)

|   |                |  |                     |
|---|----------------|--|---------------------|
| Facility Name<br>Kimberly-Clark Corp. Experimental Mill   |                | SIC/NAICS Codes<br>SIC - 2621 NAICS - 322121 | County<br>Winnebago |
| Street Address<br>126 N. Commercial Street  | City<br>Neenah | State<br>WI                                  | Zip Code<br>54956   |
| Mailing Address<br>Same   | City           | State  | Zip Code            |
| Please identify all DNR Facility Identification numbers (FID#s) that apply to the covered facility or activity<br>FID - 471025830 |                |  |                     |

## III. Scope of Green Tier Participation (Materials in support of this section should be labeled Attachment 1.)

Is this application to cover all activities at the facility?  Yes  No If no, please describe the discrete activities to be covered in the program.

## IV. Enforcement Record (Materials in support of this section should be labeled Attachment 2. Eligibility requirements are established in s. 299.83(3) and (5), Wis. Stats.)

Has the applicant, managing operators of the applicant or any person with 25% or more ownership interest in the applicant:

Yes  No  a. Had a judgment entered against them, or been convicted of a criminal violation of an environmental regulation involving a covered facility or activity? If yes, please provide the date(s) of the judgment or conviction and the nature of the violation(s).

**Applicants convicted of a criminal violation within 60 months of the date of the application for Tier 1 or 120 months for Tier 2 are ineligible for the program.**

b. Had a civil judgment entered against them for a violation of an environmental regulation involving a covered facility or activity? If yes, please provide the date(s) if the judgment and the nature of the violations.

**Applicants with a civil judgment entered against them within 36 months of the date of the application for Tier 1 and 60 months for Tier 2 are ineligible for the program, unless the applicant requests a waiver of this prohibition under s. 299.83(3)(e) or (5)(e) .**

c. Been referred to the Department of Justice for enforcement of an environmental regulation involving a covered facility or activity? If yes, please provide the date(s) of referral and the nature of the violation(s).

**Applicants referred to the Department of Justice within 24 months of the date of the application for Tier 1 or Tier 2 are ineligible for the program, unless the applicant requests a waiver of this prohibition under s. 299.83(3)(e) or (5)(e).**

Yes  No  d. Been issued an environmental citation by the Department of Natural Resources involving a covered facility or activity? If yes, please provide the date(s) of the citation and the nature of the violation(s).

**Applicants issued an environmental citation within 24 months of the date of the application for Tier 1 or Tier 2 are ineligible for the program, unless the applicant requests a waiver of this prohibition under s. 299.83(3)(e) or (5)(e).**

**Are you requesting a waiver under s. 299.83(3)(e) or (5)(e)?**

Yes  No  If yes, please attach a justification. Waivers may be granted in exceptional circumstances.

## V. Environmental Performance

Please provide information about, and examples of, your superior environmental performance. In answering this question, please separately address **A) past and present superior environmental performance**; and **B) proposed (future) superior environmental performance**. (You

must address both A & B in your application.) Materials in support of this section should be labeled Attachment 3. For definitions of *environmental performance* and *superior environmental performance*, refer to the Application Instructions. In addition, for either a Tier 1 or Tier 2 application, you will be asked to provide a baseline of environmental performance against which future performance will be measured. Please provide potential indicators that would be used for that baseline.

## VI. Environmental Management System (EMS)

Materials in support of this section should be labeled Attachment 4.

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. Do you have an EMS certified to the International Organization for Standardization (ISO) standard 14001? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. Do you have an EMS that is functionally equivalent as determined by the Department of Natural Resources? |

If no to both questions, you are not eligible for Tier 2 status. If you are applying for Tier 1 status, you will need to develop a functionally equivalent EMS within one year from the date of acceptance of this application.

If yes to either question, please attach a copy of the following to this application:

- Your facility's EMS (or provide an electronic link to your EMS)
- Third party certification
- Functional equivalency determination, addressing each of the 12 elements defined in s. 299.83(1)(dg)

## VII. Stakeholder Identification

Please provide a list of stakeholders who could be interested in your application. Include in your list names and addresses of the following classes of people: neighbors, suppliers, customers, local environmental group representatives, local governments, waste contractors, wastewater utility, and any other individuals or groups which you believe might have an interest in your application. This list of stakeholders should be submitted as Attachment 5.

## VIII. Tier 1 Applicant Statement of Commitment

I commit to:

- Implement, within one year of the date of acceptance of this application, an EMS that is third party certified or is functionally equivalent as demonstrated by a matching up of the requirements in s. 299.83(1)(dg) and elements of the EMS.
- Conduct annual EMS audits, with at least every third audit performed by an independent environmental auditor approved by the Department of Natural Resources.
- Submit to the Department of Natural Resources an annual report on the EMS audit that is in compliance with s. 299.83(6m)(a) and documents progress towards meeting objectives related to improved environmental performance, including the submission of indicators agreed on by the parties.

I commit to the above statements and certify that all information provided is true and correct under penalty of law.

|                        |             |
|------------------------|-------------|
| Signature of Applicant | Date Signed |
|------------------------|-------------|

## IX. Tier 2 Applicant Statement of Commitment

I commit to:

- Conduct annual EMS audits performed by an independent environmental auditor approved by the Department of Natural Resources.
- Conduct, or have another person conduct an annual audit of compliance with environmental requirements that are applicable to the covered facilities and activities that are the subject of this application.
- Submit to the Department of Natural Resources an annual report on the EMS audit and the environmental requirements compliance audit that is in compliance with s. 299.83(6m)(a) and documents progress towards meeting objectives related to improved environmental performance, including the submission of indicators agreed on by the parties.

I commit to the above statements and certify that all information provided is true and correct under penalty of law.

|                        |             |
|------------------------|-------------|
| Signature of Applicant | Date Signed |
|------------------------|-------------|