

Facility Name _____

Please enclose payment with fee worksheet & Tier II form.
Make check payable and mail to:

Address _____

Kansas Department of Health & Environment
Right-To-Know Program
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366

Address _____

County _____ Date _____

FACILITY FEE CALCULATION WORKSHEET

A. SECTION 312 TIER II - EXTREMELY HAZARDOUS SUBSTANCE (EHS)

1. Total all reportable quantities in pounds of EHS on site at a facility at any one time in Box "a".
2. Review the schedule below for range category of your EHS total, for Box "a" and associated fee.
3. Place fee amount on Line A.

_____	Range in Pounds		Fee	A. \$ _____
a	1	- 9,999	\$25	
	10,000	- 999,999	\$50	
	1,000,000	or above	\$150	

B. SECTION 312 TIER II - OTHER HAZARDOUS CHEMICALS

1. Total all reportable quantities in pounds of hazardous chemicals (excluding EHS's, petroleum fuels reporting under the storage tank program, sand, gravel, clay, salt, or brine) onsite at any one time in Box "b".
2. Review the schedule below for range category of your total hazardous chemicals and associated fee.
3. Place fee amount on Line B.

_____	Range in Pounds		Fee	B. \$ _____
b	10,000	- 99,999	\$25	
	100,000	- 999,999	\$50	
	1,000,000	- 9,999,999	\$150	
	10,000,000	- or above	\$300	

4. Is facility reporting petroleum fuels to KDHE's Storage Tank Program? YES or NO
If YES, do not include those quantities of petroleum fuels in calculating the hazardous chemical fee.

C. SECTION 313 FORM R - EMISSIONS (DUE WHEN FILING THE SECTION 313 TRI REPORT)

1. Total all emission quantities from Form R for each facility and enter in Box "c".
2. Review the schedule below for range category of your emission total and associated fee.
3. Place fee amount on Line C.
4. Facilities utilizing EPA's alternate threshold and certificate statement are required to pay the \$250 fee if their emissions are above 100 pounds.

_____	Range in Pounds		Fee	C. \$ _____
c	100	- 19,999	\$250	
	20,000	- 99,999	\$700	
	100,000	- 999,999	\$1700	
	1,000,000	- or above	\$3000	

D. TOTAL LINES "A", "B", AND "C" AND ENTER ON LINE "D". D. \$ _____

E. IF UTILIZING AGGREGATE FACILITY REPORTING. E. \$ _____

Number of facilities _____ x "D"

F. COMPARE EITHER LINE "E" IF UTILIZING AGGREGATE REPORTING, OR LINE "D" IF NOT UTILIZING AGGREGATE REPORTING, TO \$3000 AND PLACE SMALLER AMOUNT ON LINE "F". F. \$ _____

LINE "F" IS THE FEE YOU ARE REQUIRED TO PAY.

G. OIL AND GAS EXPLORATION FACILITIES ONLY G. \$ _____

1. Each owner/operator of an oil or gas well, as defined by K.S.A. 55-150, will pay a flat \$25 filing fee.
2. Place fee amount on Line G. (This is your only fee.)

Amount Paid _____

Check # _____

For Office Use Only