

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 330  
Topeka KS 66612

Address \_\_\_\_\_

County \_\_\_\_\_ Date \_\_\_\_\_

### FACILITY FEE CALCULATION WORKSHEET

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

- Total all reportable quantities in pounds of EHS on site at a facility at any one time in Box "a".
- Review the schedule below for range category of your EHS total, for Box "a" and associated fee.
- 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**

- 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".
- Review the schedule below for range category of your total hazardous chemicals and associated fee.
- 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	

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

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

- Total all emission quantities from Form R for each facility and enter in Box "c".
- Review the schedule below for range category of your emission total and associated fee.
- Place fee amount on Line C.
- 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. \$ \_\_\_\_\_

- Owner/operators of oil or gas wells, as defined by K.S.A. 55-150, will pay a flat \$25 filing fee.
- Place fee amount on Line G. (This is your only fee.)

Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_

For Office Use Only