

## Transfer Station Tonnage Report & Fee Calculation

Reporting Period: \_\_\_\_\_

Permit # \_\_\_\_\_

Report Due<sup>†</sup>: \_\_\_\_\_

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

If no solid waste was transferred during the reporting period, check here and sign below.

### Tons of Waste Sent to Landfills in Kansas

Source of Waste	C/D	Industrial	Tires	Special	MSW
Kansas					
Other _____					
<b>Name &amp; City of Disposal Facility (list all facilities where waste is being transferred)</b>					

**If any waste was transferred through this transfer station to an out-of-state destination, please fill out the tables on the back of this form.**

Mail form to: BWM  
KDHE  
1000 SW Jackson, Suite 320  
Topeka, KS 66612-1366

KDHE contact: Candy Williamson (785) 296-1540

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete.

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>†</sup>**KAR 28-29-85** Any operator failing to remit the appropriate tonnage fee and submit the report within 45 days after each reporting period shall pay a late processing fee of one and one-half percent per month on the unpaid balance from the date the fee was due until paid.

Tons of **Waste Exported Out of State** which are **EXEMPT** from the **Transfer Station Tonnage Fee**.

Source of Waste	C/D	Industrial	Tires
KANSAS			
OTHER_____			
<b>Name &amp; City of Disposal Facility</b>			

Tons of **Waste Exported Out of State** which are **SUBJECT** to the **Transfer Station Tonnage Fee**.

Source of Waste	C/D	Industrial	Special	MSW	Totals
KANSAS					
OTHER_____					
<b>Name &amp; City of Disposal Facility</b>					
Amount due (\$1.00/ton):					

Please submit this form with your payment.

Mail form and payment to: BWM  
 KDHE  
 1000 SW Jackson, Suite 320  
 Topeka, KS 66612-1366

Make check payable to: **SW Mgmt Fund - KDHE**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete.

Name/Title\_\_\_\_\_ Phone\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Please contact our office if you prefer to pay by credit card.**

"A 2.5% convenience fee will be assessed on credit card transactions to cover costs associated with the acceptance of credit cards.