

Facility Name:
Address:
Address:
County:
Report Year:

**Make check payable & enclose with
Tier II & fee worksheet:**

Kansas Department of Health & Environment
Right-to-Know Program
1000 SW Jackson, Suite 330 Topeka KS 66612
kdhe.rtk@ks.gov

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 total EHS's 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, 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	

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 total emissions 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.

Number of facilities _____ x "D"

E. \$ _____

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. Owner/operators of oil or gas wells, 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 # _____

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