FACILITIES ARE REQUIRED TO SUBMIT THIS COMPLETED FORM AFTER FILING FORM R or FORM A EVEN IF THE FACILITY IS NOT REQUIRED TO PAY FEES.

Facility _______________________________________

Address _______________________________________

City/ST/Zip ____________________________________

County ____________ TRI FID#_____________________

C. SECTION 313 (FORM R) FEE CALCULATION WORKSHEET       REPORTING YEAR _________

1. Total all emissions from Form R’s for each facility and enter in the box below. Emissions are totals from section 5.1 through 5.5.4-column A and section 6.2 A (only for quantities with codes M10, M41, M62, M64, M65, M66, M67, M73, M79, M81, M82, M90, M94, or M99 in column C.)

2. Review schedule below for range category of your emissions total and associated fee.

3. Place fee amount on Line “C”.

4. Facilities utilizing EPA’s Form A alternate threshold & certificate statement are required to pay the $250.00 fee if their emissions are above 100 pounds.

<table>
<thead>
<tr>
<th>Range of Pounds</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 19,999</td>
<td>$250.00</td>
</tr>
<tr>
<td>20,000 - 99,999</td>
<td>$700.00</td>
</tr>
<tr>
<td>100,000 - 999,999</td>
<td>$1,700.00</td>
</tr>
<tr>
<td>1,000,000 or above</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

D. THERE IS A $3,000.00 MAXIMUM ON FEES FOR EACH OWNER OR OPERATOR FOR ANY SINGLE REPORTING YEAR INCLUDING KANSAS TIER II FEES. IF LINE “C” IS $3,000.00 WRITE THE AMOUNT OF TIER II FEES YOU PAID MARCH 1 ON LINE “D”. IF LINE “C” IS LESS THAN $3,000.00 WRITE ZERO (0) ON LINE “D”.

E. SUBTRACT LINE “D” FROM LINE “C” AND PLACE ON LINE “E”. THIS IS THE FEE YOU ARE REQUIRED TO PAY.

Amount Paid ________________________
Check # ________________________

Checks payable to: Kansas Department of Health & Environment Right-to-Know Program 1000 SW Jackson, Suite 330 Topeka KS 66612-1365

PLEASE DO NOT MARK IN THIS AREA FOR OFFICE USE ONLY