

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.) 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.

| | Range of Pounds | Fee |
|--|--------------------|------------|
| | 100 - 19,999 | \$ 250.00 |
| | 20,000 - 99,999 | \$ 700.00 |
| | 100,000 - 999,999 | \$1,700.00 |
| | 1,000,000 or above | \$3,000.00 |

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. D. \$ _____

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. E. \$ _____

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

Amount Paid _____

Check # _____

PLEASE DO NOT MARK IN THIS AREA
FOR OFFICE USE ONLY