

**ENVIRONMENTAL REMEDIATION FEE AND QUARTERLY WASTE QUANTITY
 REPORTING AND SUBMITTAL FORM**

Permittee Name: Facility Name: Permittee Address:	AI: Permit number: County: Quarter: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
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The Environmental Remediation Fee, established by KRS 224.43-500, is assessed at a rate of \$1.75 per ton. This form and payment of the fee are due on or before April 30, July 31, October 31, and January 30, for fees collected during the prior quarter. Make checks payable to **Kentucky State Treasurer**. Contact the Division of Waste Management, Energy and Environment Cabinet, 300 Sower Blvd, 2nd Floor, Frankfort, KY 40601, telephone (502) 564-6716, for information regarding this form or to make name and address corrections.

1. Is this facility a transfer station.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If "Yes", skip to line 3.</i>				
2. Total tons of waste disposed at this facility.....				_____
<i>Complete table on back for waste disposed.</i>				
3. Total tons of waste transferred out of state.....				_____
4. Total tons of waste assessed (Add lines 2 and 3).....				_____
5. Environmental Remediation Fee per ton of waste.....				\$1.75
6. TOTAL DUE (Multiply line 4 by line 5).....				\$ _____.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

Signature: _____ Phone number/email: _____

Name (print): _____ Date: _____

This certification clause shall be signed by a responsible person as described in 401 KAR 47:160, Section 6(1) or (2) and is required by 401 KAR 47:160, Section 6(4).

WASTE ACTIVITY: If site has multiple activities, complete a separate page for each.

Contained Landfill Permit number: sw _____ - _____

Residual Landfill Permit number: sw _____ - _____

Waste source (County and State)	Type of Waste			Waste** used as Alternate Daily Cover (tons)
	Municipal Solid Waste* (tons)	Industrial Waste (tons)	Special Waste (tons)	
Totals for this page				
Totals for all pages				

Grand total for all pages for the activity checked above	
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* CDD landfills shall use this category for construction and demolition waste. Landfills shall not include waste used as alternate daily cover in this column.

** Using waste as alternate daily cover requires prior approval by the Cabinet.

WASTE ACTIVITY: If site has multiple activities, complete a separate page for each.

Greater than 1 Acre CDD Landfill Permit number: sw_____ - _____

Less than 1 Acre CDD Landfill Permit number: sw_____ - _____

Waste source (County and State)	Type of Waste	
	Construction and Demolition Waste (tons)	Waste** used as Alternate Daily Cover (tons)
Totals for this page		
Totals for all pages		

Grand total for all pages for the activity checked above	
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* CDD landfills shall use this category for construction and demolition waste. Landfills shall not include waste used as alternate daily cover in this column.

** Using waste as alternate daily cover requires prior approval by the Cabinet.

WASTE ACTIVITY: If site has multiple activities, complete a separate page for each.

- Transfer Station Permit number: sw_____ - _____
- Medical Waste Transfer Station Permit number: sw_____ - _____
- Convenience Center Permit number: sw_____ - _____

Waste Source (County and State)	Waste Destination (County and State)	Waste Transferred (tons)
Totals for this page		
Totals for all pages		

Grand total for all pages for the activity checked above	
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* Transfer Stations and Convenience Centers are only required to submit this form if they have transported waste out of the state during this quarter.