

SERC

Facility Annual Chemical Inventory Filing Fee Worksheet

Date Due _____	Ohio EPA use ONLY
Facility Name _____	Check ID# _____
Address _____	Check Date _____
City _____, OH Zip _____	Check # _____
Revenue ID _____ Revenue Type RTKAO	Check Amount \$ _____
County _____	

Revised SERC Filing Fee Schedule (September 4, 2001)

- Inventory Form Filing Fee (Base) \$150.00
- Inventory Form Filing Fee (Additional) \$20.00 per hazardous substance reported
- Inventory Form Filing Fee (Additional) \$150.00 per extremely hazardous substance reported
- Facility fee cap, not to exceed \$2,500.00
- Late fees received after March 31, shall be subject to 10% late fee charge.

Please answer the following three (3) questions:

- (1) Reporting facility is required to submit a chemical inventory report under this program? Yes No (Circle One).
If No; then your facility does not have to pay a fee under this program.
- (2) Reporting facility has reported # _____ extremely hazardous substance(s); pure or mixture component, as listed in the instructional package.
- (3) Facility has reported # _____ hazardous chemical(s); as defined under OSHA 1910.1200 and having a material safety data sheet. Do not count extremely hazardous substance(s); reported in (2).

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| (A) Base inventory filing fee; reporting one or more hazardous chemicals under the Emergency Planning and Community Right-to-Know Act. | \$ <u>150.00</u> (A) |
| (B) Number of extremely hazardous substance(s); as identified in (2) multiplied by \$150.00 | \$ _____ (B) |
| (C) Number of hazardous substance(s); as identified in (3); multiplied by \$20.00 | \$ _____ (C) |
| Total (A) + (B) + (C) | \$ _____ (D) |

- (E) Credit. If you paid a right to know fee to a city as the result of a grandfathered local law, enter the amount paid to that local for the same reporting period on line E. (You must attach a receipt or other documentation for the current reporting period showing the amount paid and that the purpose was for community right to know). If no fee was paid enter zero (0) on the line E. If your local fee is greater than the amount on line D, enter zero on Line G.
- \$ _____ (E)

- (F) If your payment is postmarked after March 31, your facility must pay a 10% late filing fee.
- \$ _____ (F)

<u>Total annual inventory filing fee due</u>	Total (D)-(E) + (F)	\$ _____ (G)
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If you need assistance, please call (614) 644-2260 or 1-888-644-2260 (toll free).

Make checks payable to: Treasurer, State of Ohio
Return this form to: Ohio EPA, Dept. L-2711, Columbus, Ohio 43260-2711
 Please include Revenue ID# on check