



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 SOLID WASTE MANAGEMENT PROGRAM
SANITARY LANDFILL SOLID WASTE TONNAGE FEE REPORT

Mail completed copy to: MISSOURI DEPARTMENT OF NATURAL RESOURCES
 P.O. BOX 477
 JEFFERSON CITY, MO 65102

PERMIT NUMBER	REPORTING PERIOD	
FACILITY	COUNTY	SOLID WASTE REGION

If no solid waste was accepted during the reporting period, check box and sign below.

A. WEIGHT METHOD

	TONS	FEE	TOTAL OWED
1. Weight		x \$2.11	= \$

B. VOLUME METHOD

	CUBIC YARDS	CONVERT TO TONS	TONS	FEE	TOTAL OWED
2. General Waste		x 0.33	=	x \$ 2.11	= \$
3. Baled Waste		x 0.70	=	x \$ 2.11	= \$
4. Heavy Waste		x 1	=	x \$ 2.11	= \$
5. Total lines 1 + 2 + 3 + 4					= \$
6. Less 2 percent handling costs					x .98
7. Amount Due Line 5 multiplied by 98 percent					\$
Enclose check or money order for amount due made payable to the Missouri Department of Natural Resources					
8. Weight of material reported above that was used as Alternative Daily Cover, or ADC					Tons

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PREPARED BY	PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR
NAME	NAME
TITLE	TITLE
TELEPHONE WITH AREA CODE	TELEPHONE WITH AREA CODE
SIGNATURE	SIGNATURE
DATE	DATE

FOR OFFICE USE ONLY

DATE	AMOUNT DUE	AMOUNT RECEIVED	DMS INITIALS
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Deposit information Method A – Line 1: 0570-780-3445-1206-01

Deposit information Method B – Lines 2, 3 and 4 0570-780-3445-1206-02

County:

Facility: