



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 SOLID WASTE MANAGEMENT PROGRAM  
**DEMOLITION 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 \$1.40	=\$

**B. VOLUME METHOD**

TYPE OF WASTE	CUBIC YARDS	CONVERT TO TONS	TONS	FEE	TOTAL OWED
2. General Waste		x 0.33	=	x \$1.40	=\$
3. Heavy Waste		x 1	=	x \$1.40	=\$
4. Total Lines 1 + 2 + 3					\$
5. Less 2 percent handling costs.					x .98
6. <b>Amount Due</b> Line 4 multiplied by 98 percent Enclose check or money order for amount due made payable to the Missouri Department of Natural Resources					\$
7. 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: 0570-780-3445-1206-05

Deposit Information Method B – Lines 2 and 3: 0570-780-3445-1206-06

County:

Facility: