



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM
**DRY CLEANING SOLVENT SURCHARGE
 CALCULATION SHEET (PART 1)**

SECTION A – PROVIDER IDENTIFICATION

1. COMPANY NAME		2. PAGE 1 OF	
3. ADDRESS			
CITY		STATE	ZIP CODE
4. TELEPHONE NUMBER WITH AREA CODE		5. CONTACT PERSON	
6. PROVIDER ID			
7. FIRST TIME REPORT <input type="checkbox"/> Check here if this is the first sheet completed by your company. If you have a provider ID do not check this box.			

SECTION B – REPORT IDENTIFICATION

8. FILL IN YEAR BY THE APPROPRIATE QUARTER
SUBMIT A SEPARATE REPORT FOR EACH QUARTER

MARCH 31 _____ JUNE 30 _____

SEPTEMBER 30 _____ DECEMBER 31 _____

SECTION C – SURCHARGE CALCULATION

IMPORTANT: Do not complete this section until you have completed Part 2. *Rates determined by RSMo 260.940.3. If you are using the electronic version of this form, this section will auto-calculate.

	SOLVENTS	GALLONS	RATE	SURCHARGES	
These figures are from the "Grand Total" line of your final Part 2 page.	PERCHLOROETHYLENE	⁹	X \$8	¹⁰ \$	← PAY THIS AMOUNT Make checks payable to: "MISSOURI HAZARDOUS WASTE PROGRAM – SOLVENT SURCHARGE." Send to : Missouri Department of Natural Resources Hazardous Waste Program PO Box 176 Jefferson City, MO 65102 Telephone: 573-526-8913
	1,1,1 – TRICHLOROETHANE	¹¹	X \$8	¹² \$	
	OTHER CHLORINATED DRY CLEANING SOLVENTS	¹³	X \$8	¹⁴ \$	
			TOTAL	¹⁵ \$	

SECTION D – ACTIVITY LEVEL

16. NO ACTIVITY If you did not sell or provide any dry cleaning solvent in the state of Missouri during this quarter, check this box.

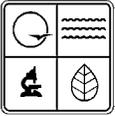
SECTION E – AMOUNT ENCLOSED SECTION F – COMMENTS

17. ENTER THE AMOUNT OF PAYMENT BEING MADE (SAME AS SECTION C, ITEM 15)
 \$ _____

SECTION G – CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

NAME (PRINTED)	SIGNATURE	DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM
**DRY CLEANING SOLVENT SURCHARGE
 CALCULATION SHEET (PART 2)**

PROVIDER ID	1. PAGE 2 OF
COMPANY NAME	

SECTION H – REPORT IDENTIFICATION

2. FILL IN YEAR BY THE APPROPRIATE QUARTER (SUBMIT A SEPARATE REPORT FOR EACH QUARTER)

MARCH 31 _____
 JUNE 30 _____
 SEPTEMBER 30 _____
 DECEMBER 31 _____

SECTION I – DRY CLEANING SOLVENT

3. DC NO.	4. FIPS COUNTY NO-PLANT NO	5. COMPANY NAME	6. FACILITY ADDRESS	7. PERCHLOROETHYLENE	8. 1,1,1 – TRICHLOROETHANE	9. OTHER CHLORINATED DRY CLEANING SOLVENT	
Enter these figures in Part 1, Section C. Then Calculate your surcharge →				TOTALS	10	11	12
				GRAND TOTAL	13	14	15



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 HAZARDOUS WASTE PROGRAM
**DRY CLEANING SOLVENT SURCHARGE
 CALCULATION SHEET (PART 2)**

PROVIDER ID	1. PAGE 3 OF
COMPANY NAME	

SECTION H – REPORT IDENTIFICATION

2. FILL IN YEAR BY THE APPROPRIATE QUARTER (SUBMIT A SEPARATE REPORT FOR EACH QUARTER)

MARCH 31 _____
 JUNE 30 _____
 SEPTEMBER 30 _____
 DECEMBER 31 _____

SECTION I – DRY CLEANING SOLVENT

3. DC NO.	4. FIPS COUNTY NO-PLANT NO	5. COMPANY NAME	6. FACILITY ADDRESS	7. PERCHLOROETHYLENE	8. 1,1,1 – TRICHLOROETHANE	9. OTHER CHLORINATED DRY CLEANING SOLVENT	
Enter these figures in Part 1, Section C. Then Calculate your surcharge →				TOTALS	10	11	12
				GRAND TOTAL	13	14	15

GENERAL INSTRUCTIONS FOR THE DRY CLEANING SOLVENT SURCHARGE CALCULATION SHEET

IMPORTANT: YOU WILL NOT RECEIVE THESE FORMS EACH TIME IT IS DUE.

1. Every seller or provider of dry cleaning solvent for use in the state of Missouri must complete this report each quarter.
2. Only chlorinated dry cleaning solvent sold/provided for use in the state of Missouri is to be reported.
3. Reports are due within 30 days after the end of each quarter. The quarters are arranged in the following manner:
 - Beginning January 1 and ending March 31.
 - Beginning April 1 and ending June 30.
 - Beginning July 1 and ending September 30.
 - Beginning October 1 and ending December 31.
4. Every seller or provider must read and hand-sign the certification in Section G. **Unsigned reports are considered to be incomplete.**
5. Questions concerning the **Dry Cleaning Solvent Surcharge Calculation Sheet** should be directed to the Missouri Department of Natural Resources, Hazardous Waste Program, P.O. Box 176, Jefferson City, MO 65102, or call 573-526-8913.

PART 1 - INSTRUCTIONS FOR THE DRY CLEANING SOLVENT SURCHARGE CALCULATION SHEET

SECTION A - PROVIDER IDENTIFICATION

- Item 1. COMPANY NAME** - Enter the company name that you use to sell dry cleaning solvent in Missouri.
- Item 2. NUMBER OF PAGES** - Enter the total number of pages in this report.
- Item 3. ADDRESS** - Enter the address, city, state and zip code to which you want correspondence sent.
- Item 4. PHONE NUMBER** - Enter the phone number of the contact person.
- Item 5. CONTACT PERSON** - Enter the name of the person to whom questions concerning your company's completion of this form can be directed.
- Item 6. PROVIDER ID** - Enter your dry cleaning solvent provider ID number. This number is not required to sell dry cleaning solvent in the state of Missouri. However, this number will be used to insure proper posting of reports and payments. This number should also be included on your check.
Important: leave this item blank if it is the first time your company has completed this report.
- Item 7. FIRST TIME REPORT** - Check this box if this is the first time your company has completed this report.

SECTION B - REPORT IDENTIFICATION

- Item 8. REPORTING PERIOD** - Check the box and enter the year in the blank next to the quarter for which the report is being completed. Submit a separate report for each quarter.

SECTION C - SURCHARGE CALCULATION

Important: Do not complete this section until you have completed Part 2.

NOTE: IF YOU ARE USING THE ELECTRONIC VERSION OF THIS FORM, THIS SECTION WILL AUTO-CALCULATE.

- Item 9. PERCHLOROETHYLENE** - Enter the number of gallons of perchloroethylene sold in this quarter. This number should be taken from Item 13 of Part 2.
- Item 10. PERCHLOROETHYLENE SURCHARGE** - Multiply the number of gallons entered in item 9 by \$8 and enter the result.
- Item 11. 1,1,1-TRICHLOROETHANE** - Enter the number of gallons of 1,1,1-trichloroethane sold in this quarter. This number should be taken from Item 14 of Part 2.
- Item 12. 1,1,1-TRICHLOROETHANE SURCHARGE** - Multiply the number of gallons entered in Item 11 by \$8 and enter the result.
- Item 13. OTHER CHLORINATED DRY CLEANING SOLVENTS** - Enter the number of gallons of other chlorinated dry cleaning solvents sold in this quarter. This number should be taken from Item 15 of Part 2.
- Item 14. OTHER CHLORINATED DRY CLEANING SOLVENTS SURCHARGE** - Multiply the number of gallons entered in Item 13 by \$8 and enter the result.
- Item 15. TOTAL** - Add the surcharges in Items 10, 12 and 14. Enter the result.

SECTION D - ACTIVITY LEVELS

- ITEM 16. NO ACTIVITY** - Check this box if you did not sell or provide dry cleaning solvent in the state of Missouri for this reporting period.

SECTION E - AMOUNT ENCLOSED

- ITEM 17. AMOUNT ENCLOSED** - Enter the amount of the payment that you are making.

SECTION F - COMMENTS

Use this space to further explain any entry on this report, where you believe further explanation is necessary.

SECTION G - CERTIFICATION STATEMENT

The solvent provider or their authorized representative (e.g., sales manager or person of equivalent responsibility) must sign and date the certification by hand where indicated. The printed or typed name of the person signing the report must also be included where indicated.

PART 2 – INSTRUCTIONS FOR THE DRY CLEANING SOLVENT SURCHARGE CALCULATION SHEET**SECTION H - REPORT IDENTIFICATION**

Item 1. PAGE _____ OF _____ - Enter the consecutive page number this page represents, then the total number of pages necessary to complete the report.

Item 2. REPORTING PERIOD – Check the box and enter the year in the blank next to the quarter for which the report is being completed. This must be marked the same as Part 1, Section B, Item 8. Submit a separate report for each quarter.

SECTION I - DRY CLEANING SOLVENT

A separate entry is required for each Missouri location for which you provide dry cleaning solvent.

Item 3. DC NO. Enter the 5-digit dry cleaner number for the dry cleaning location to whom you sold/provided solvent to.

Item 4. FIPS COUNTY NO. - PLANT NO. - Enter the FIPS County No. and Plant No. for the dry cleaning location to whom you sold/provided solvent. This is a unique number assigned to a specific location. The FIPS County No. and Plant No. may be obtained from the dry cleaning establishment or by contacting the DERT Fund Unit at 573-526-8913.

Item 5. COMPANY NAME - Enter the name of the company to whom you sold/provided dry cleaning solvent.

Item 6. FACILITY ADDRESS - Enter the site address (not a P.O. Box Number) of the company to whom you sold/provided dry cleaning solvent. Enter only the street address and city; state and ZIP code are not necessary in this case.

Item 7. PERCHLOROETHYLENE - Enter the number of gallons of perchloroethylene sold/provided to the location listed.

Item 8. 1,1,1-TRICHLOROETHANE - Enter the number of gallons of 1,1,1-trichloroethane sold/provided to the location listed.

Item 9. OTHER CHLORINATED DRY CLEANING SOLVENTS - Enter the number of gallons of other chlorinated dry cleaning solvents sold/provided to the location listed.

NOTE: Items 10, 11, 12, 13, 14, 15 will auto-calculate if you are using the electronic version of the form.

Item 10. TOTAL PERCHLOROETHYLENE - Add the amounts entered in item 7 on this page and enter the total.

Item 11. TOTAL 1,1,1-TRICHLOROETHANE Add the amounts entered in item 8 on this page and enter the total.

Item 12. TOTAL OTHER CHLORINATED DRY CLEANING SOLVENTS - Add the amounts entered in item 9 of this page and enter the total.

Item 13. GRAND TOTAL PERCHLOROETHYLENE - Add totals from Item 10 on each Part 2 page and enter the grand total.

Item 14. GRAND TOTAL 1,1,1-TRICHLOROETHANE - Add totals from Item 11 on each Part 2 page and enter the grand total.

Item 15. GRAND TOTAL OTHER CHLORINATED DRY CLEANING SOLVENTS - Add totals from Item 12 on each Part 2 page and enter the grand total.