MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

# INFECTIOUS WASTE PROCESSING FACILITY 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 infectious waste was received or processed during the quarter, check box and sign below.

**A. TRANSPORTED LESS THAN 300 MILES**

| | POUNDS PROCESSED | CONVERT TO TONS | TONS | FEE | TOTAL OWED |
|---|---|---|---|---|---|
| 1. Infectious waste processed | | / 2,000 | = | x $2 | = $ |

**B. TRANSPORTED MORE THAN 300 MILES**

| | POUNDS PROCESSED | CONVERT TO TONS | TONS | FEE | TOTAL OWED |
|---|---|---|---|---|---|
| 2. Infectious waste processed | | / 2,000 | = | x $2 | = $ |
| | FACILITY GROSS FEE CHARGED | | DISTANCE SURCHARGE | | |
| 3. Distance Surcharge | | | | x .10 | = $ |
| 4. Amount Due Total of lines 1, 2 and 3.<br>Enclose the check or money order for amount due made payable to the Missouri Department of Natural Resources. | | | | | = $ |

I certify under penalty of law that the submitted information is true, accurate and complete for the quarterly accounting of infectious waste delivered to the facility and subject to fees. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| PREPARED BY | PLEASE CHECK<br>☐ OWNER ☐ 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 |
|---|---|---|---|
| | | | |

Deposit information – Line 1 and 2 0570-780-3445-1206-07

Deposit information – Line 3 0101-780-3445-1206-07

County:

Facility: