



Facility Annual Chemical 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
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 above.

A. Base inventory filing fee, reporting one or more hazardous chemicals under the Emergency Planning and Community Right-to-Know Act.	\$ 150.00	(A)
B. Number of extremely hazardous substance(s) as identified in #2 above, multiplied by \$150.00	\$ _____	(B)
C. Number of hazardous substance(s) as identified in #3 above, 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 line E. If your local fee is greater than the amount on line D, enter zero (0) on line G.	\$ _____	(E)
F. If your payment is postmarked after March 31, your facility must pay a 10% late filing fee.	\$ _____	(F)
Total annual inventory filing fee due	Total (D - E + F)	\$ _____ (G)

If you need assistance, please call (614) 644-2260 or 1-888-644-2260 (toll-free)

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