MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

INFECTIOUS WASTE PROCESSING FACILITY FEE REPORT

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. 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 ☐ 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: