Reset Form

HAZARDOUS WASTE DISPOSAL FEE

State Form 46244 (R4 / 7-14)
Approved by State Board of Accounts, 2014
Indiana Department of Environmental Management

Make check payable to the Indiana Department of Environmental Management.
Mail completed form and check to:
IDEM Cashiers Office
100 North Senate Avenue, Indianapolis IN 46204

RCRA ID NUMBER _____ **DISPOSAL FACILITY NAME** _____

FEE PERIOD ☐ JAN – MARCH ☐ APRIL – JUNE ☐ JULY – SEPTEMBER ☐ OCTOBER -NOVEMBER

A fee is imposed on the disposal of hazardous waste in Indiana. The operator of the disposal facility is liable for this fee. Statutory provisions governing this fee are cited in IC 13-22-12-3.5. The fees are due quarterly: April 20, July 20, October 20 and January 20.

SECTION I: Disposal by Underground injection: $11.50/ton		**SECTION I**
1	Enter the total tons of hazardous waste disposed by underground injection during the fee period	
2	Fee due for current period – multiply line 1 by the current fee rate	
3	Enter the total of all previous underground injection fees paid for the current year	
4	Total underground injection fee for the calendar year to date (line 2 + line 3)	
5	The maximum annual limit for disposal by underground injection is $25,000. Pay the amount you owe for each fee period until you have paid a total of $25,000. After you have paid the maximum fee, you should continue to report the tonnage of the waste disposed of via underground injection. Net fee due on underground injection for the current fee period	
SECTION II: Disposal by Other Methods – Hazardous Waste: $11.50/ton		**SECTION II**
6	Enter the total tons of hazardous waste disposed	
7	Fee Due - multiply line 6 by the current fee rate	
SECTION III: Amount Due		**SECTION III**
8	Total fee due - enter the total of lines 5 and 7	
9	Penalty - 10% of line 8 if filed after the due date	
10	Total amount due – enter the total of lines 8 and 9	

I hereby declare under the penalty of perjury that the information contained in this form is true, correct & complete to the best of my knowledge.

First name _____ Last name _____ Title_____

E-mail address_____ Telephone number_____

Signature _____ Date *(month, day, year)* _____

Questions: Regulatory Reporting Section
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