* Make check payable to the Indiana Department

of Environmental Management.

* Mail completed form and check to:

Indiana Department of Environmental Management

PO Box 3295, Indianapolis IN 46206-3295

* Also mail or e-mail the completed form to:

Regulatory Reporting Section,

Office of Land Quality, IDEM

100 N Senate Ave, Room 1101;

Indianapolis, IN 46204-2251

[olqregulatoryreporting@idem.in.gov](mailto:olqregulatoryreporting@idem.in.gov)

** HAZARDOUS wASTE DISPOSAL FEE**

state Form 46244 (R5 / 7-15)

Approved by State Board of Accounts, 2015

Indiana Department of Environmental Management

**FEE PERIOD** *(Year)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RCRA ID NUMBER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 annually by March 1 for the previous calendar year.

|  |  |  |
| --- | --- | --- |
| **SEction I: Disposal by Underground injection: $11.50/ton**  The maximum annual limit for disposal by underground injection is $25,000. | | **Section I** |
| 1 | Enter the total tons of hazardous waste disposed by underground injection during the fee period. |  |
| 2 | Fee due - multiply line 1 by $11.50 or enter $25,000 whichever is less. |  |
| **SECTION II: Disposal by Other Methods – Hazardous Waste: $11.50/ton** | | **SECTION II** |
| 3 | Enter the total tons of hazardous waste disposed. |  |
| 4 | Fee due - multiply line 3 by $11.50. |  |
| **SECTION III: Amount Due** | | **SECTION III** |
| 5 | Total fee due - enter the total of lines 2 and 4 |  |
| 6 | Penalty - 10% of line 5 if filed after the due date |  |
| 7 | Total amount due – enter the total of lines 5 and 6. |  |

*I hereby declare under the penalty of perjury that the information contained in this form is true, correct and 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

Office of Land Quality, IDEM

100 N Senate Ave, Room 1101

Indianapolis, IN 46204-2251

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317-233-0066