

Commonwealth of Massachusetts
Department of Environmental Protection
Bureau of Waste Site Cleanup

MAKE CHECK PAYABLE TO
COMMONWEALTH OF MASSACHUSETTS
mail check and report to: Commonwealth of Massachusetts
DEP Transporter Fee Program
P.O. Box 4062
Boston, Massachusetts 02211

HAZARDOUS WASTE TRANSPORTER FEE REPORT

(Use for Quarter ending 9/30/2004 and thereafter)

For further information: See Fee Guidance Document #2005-01 at www.state.ma.us/dep/bwsc/miscpubs.htm

Name of Licensee _____ EPA Identification Number _____ Mass. License Number _____

Reporting Period _____ / _____ / _____ through _____ / _____ / _____

Reporting Periods

July 1 - September 30
 October 1 - December 31
 January 1 - March 31
 April 1 - June 30

Fee Due Date

October 30
 January 30
 April 30
 July 30

Quantity of Waste Hauled*	Waste Subject to Fee**	X Conversion Factor	X Fee ***	Fee Owed
Manifested / Logged	Manifested / Logged			
_____ gallons	_____ gallons	_____ →	X \$ 0.264	= \$ _____
_____ pounds	_____ pounds	_____ →	X \$ 0.0264	= \$ _____
_____ tons	_____ tons	x 2000 = _____ pounds	X \$ 0.0264	= \$ _____
_____ metric tons	_____ metric tons	x 2204.6 = _____ pounds	X \$ 0.0264	= \$ _____
_____ liters	_____ liters	x .2643 = _____ gallons	X \$ 0.264	= \$ _____
_____ cubic yards	_____ cubic yards	x 2000 = _____ pounds	X \$ 0.0264	= \$ _____
_____ cubic meters	_____ cubic meters	x 2515.9 = _____ pounds	X \$ 0.0264	= \$ _____
_____ kilograms	_____ kilograms	x 2.205 = _____ pounds	X \$ 0.0264	= \$ _____
Total Fee Owed				\$ _____

* Quantity of Waste Hauled: All waste manifested for transport in MA during the reporting period

** Waste Subject to Fee: All waste manifested for transport in MA during the reporting period less waste exempt from fee (see guidance document 2005-01 for exemptions)

*** Effective beginning 7/1/2004

The above information, when submitted, shall be considered public record. If you wish the Department to keep this information confidential, you must make such request in writing and substantiate your request as required in 310 CMR 3.00.

I CERTIFY UNDER THE PENALTY OF LAW that I have personally examined and am familiar with the information submitted in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

 Signature of Authorized Official

 Date

 Title of Authorized Official

BWSC (7/2004)