

**33CSR24**

West Virginia Department of Environmental Protection  
 Hazardous Waste Management Program  
 Hazardous Waste Management Fee Fund Appendix I

**Generator:**  
**EPA Identification Number:**  
**Location:**  
**Mailing Address:**

Operation Manager's Name & Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Person Name & Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Has your facility ceased generating hazardous waste? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, what is the date that your facility ceased generating waste? \_\_\_\_\_

Please review the categories below and mark an "X" next to the category that represents your facility's current hazardous waste generating status.

Place an "X" in one of the categories below	Generating Category	Fee Amount Per Facility
	<b>Treatment, Storage or Disposal Facility (Permitted)</b>	\$3,000
	<b>Large Quantity Generator (LQG)</b> Generates 1000 kg (about 2,200 pounds or 300 gallons) or more of hazardous waste, or more than 1 kg of acutely hazardous waste in a month	\$2,200
	<b>Small Quantity Generator (SQG)</b> Generates more than 100 and less than 1,000 kg (between 220 and 2,200 pounds or about 25 to under 300 gallons) of hazardous waste,, or no more than 1 kg acutely hazardous waste in a month	\$500
	<b>Very Small Quantity Generator (VSQG)</b> Less than or equal to 100 kg/month (220lb/month) of non-acute hazardous waste	\$100
	<b>No longer generating hazardous waste, but still in business</b>	
	<b>No longer in business, closed</b>	

Fee payments are due October 1 of each calendar year. Fees submitted after November 15 of each calendar year are subject to a late charge of twenty-five percent (25%) of the fee assessed. Persons with a facility subject to this rule who have not paid the fee assessment and any late charge by December 31 of each calendar year may be subject to the provisions of chapter twenty-two, article eighteen of the West Virginia Code. Persons with multiple facilities subject to this rule may utilize copies of the attachment to Appendix I to comply with this rule.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assume that qualified personnel properly gather and evaluate the information as submitted. Based on my inquiry of the person or persons who manage the system, as the person directly responsible for gathering this information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_