COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Act 108, Hazardous Sites Cleanup Act

Instructions for the completion of the Act 108, Quarterly Host Municipality Benefit Fee Report, Form 55O.

This form must be completed by operators of commercial hazardous waste treatment and disposal facilities. This report must be filed even if your facility received no waste during the previous quarter. The operator must file this report with each municipality within which the permitted area of the hazardous waste facility is located. Please submit the completed form(s) and your fee payment to the Host Municipality and a copy of the completed form(s) to the following address:

PA Department of Environmental Protection
Bureau of Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550

Section A. General Information

Line 1. Permit No. - Enter your facility's EPA ID number.

Line 2. Quarter - Check the box for the quarter for which you are reporting and enter the year.

Line 3. Check this block if you did not receive any hazardous waste during this quarter. If you check this box, complete Sections A and C only.

Lines 4 and 5. Facility Name and Address - Enter the name and mailing address of your facility.

Lines 6 and 7. City, Borough, Township and County - Check the box indicating the type of municipality, and enter the name of the municipality and the name of the county in which the permitted portions of your facility are located. If permitted portions of your facility lie in more than one municipality, complete a separate Form 55O for each municipality.

Lines 8, 9 and 10. Contact Name, Title, and Telephone Number - Enter the name, title, and telephone number of a person who is knowledgeable about the contents of this report. This person may or may not be the same person who certifies this report.

Lines 11 and 12. Operator Name and Address - Enter the legal name of the person, firm, public organization, or other entity which operates the facility described in this report. This may or may not be the same name as the facility.

Section B. Fee Computation (All weights must be expressed in tons, rounded to the nearest tenth of a ton. 3 cubic yards = 1 ton, 1 ton = 2,000 pounds, and 1 gallon = 8 pounds. If the manifest shows both volume and weight, use the weight for fee calculation.)

Lines 1, 2, and 3. Monthly Totals - Enter the total tons of hazardous waste you received for each month of the quarter.

Line 4. Total Tons of Hazardous Waste Received - Enter the total tons of hazardous waste received for the quarter. Line 4 is the sum of Lines 1, 2, and 3.

Line 5. Fee Calculation - If your facility is located within one host municipality, multiply the **TOTAL** tons on Line 4 by the $1.00 per ton or $1.00 per three cubic yards Host Municipality Benefit Fee. If your facility is located within more than one host municipality, you must multiply the **TOTAL** tons on Line 4 by $1.00 per ton or $1.00 per three cubic yards and multiply that result by the percentage of permitted area of your facility in each host municipality for which you are reporting. If, under agreement with the host municipality, your facility is to pay a benefit fee higher than $1.00/ton, multiply the total tons on Line 4 by the agreed-upon dollar amount instead of $1.00.

Line 6. **Preexisting Agreement Credit -** Enter the amount paid this quarter to the Host Municipality pursuant to an agreement existing prior to the enactment of Act 108, October 1, 1988. Any amounts paid by a facility operator to a host municipality pursuant to a preexisting agreement must be deducted from the fee amount imposed by Act 108. If no payments were made under a preexisting agreement, leave Line 6 blank.

Line 7. **Net Fee - For preexisting agreements only,** subtract Line 6 from the calculated fee on Line 5 and enter the result on Line 7. If there is no preexisting agreement, enter the result from Line 5 on Line 7.

Line 8. **Discount for Timely Payment -** If your fee payment is timely, that is, delivered to the host municipality or postmarked on or before the twentieth day of the month following the quarter for which you are reporting, multiply the dollar amount on Line 7 by 1% (0.01) and enter the result on Line 8. If your payment is not timely, leave Line 8 blank.

Line 9. **Interest** - The facility operator must pay interest if the operator fails to pay the Host Municipality Benefit Fee on or before the twentieth day of the month following the quarter for which the payment is due. This interest shall be paid at the rate established pursuant to Section 806 of the Act of April 9, 1929 (P.L. 343, No. 176), known as the Fiscal Code, from the last day for timely payment to the date paid. Contact the Department of Environmental Protection, Bureau of Waste Management at 717-783-9258, for the current interest rate.

Line 10. **Penalty for Late Payment -** In addition to the interest, if your fee payment is not timely as defined in the instructions for Line 8, a penalty applies. Multiply the dollar amount on Line **7** by 5% (0.05) if the payment is one day to one month late and enter the result on Line 9. If the payment is more than one month late, multiply the dollar amount on Line 7 by 5% (0.05) per month or fraction of a month for which the payment is late and enter the result on Line 9. This 5% per month penalty shall not exceed 25%.

Line 11. **Net Fee Due -** ***If your fee payment is timely,*** subtract Line 8 from Line 7 and enter the result on Line 1*0.* ***If*** **your** ***fee payment is late,*** add Lines 9 and 10 to Line 7 and enter the result on Line 11. The result on Line 11 is the net fee due. **Please submit** a **check or money order for this amount with this report to the Host Municipality.** Be sure to send a copy of the completed Form 55O to the Department, as required by Act 108, at the address given in the beginning of these instructions.

Section C **Certification - The operator must print or type his/her name, and sign and date the form. The report form accompanying the fee payment must bear an original (not stamped or photocopied) signature.**

2500-FM-BWM0055O Rev. 10/2009
Please type or Print in Ink

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

55O

Quarterly Host Municipality Benefit Fee Report

A. General Information

1. Your EPA I.D. Number | P | A | | | | | | | | | | |
2. ☐ January-March ☐ April-June ☐ July-September ☐ October-December | | | | | Year
3. ☐ No waste handled this Quarter. (Do not complete Section B.)
4. Facility Name _____
5. Facility Mailing Address _____
6. ☐ City _____ (Name of Municipality) 7. County _____
   ☐ Borough
   ☐ Township
8. Contact Name _____
9. Contact Title _____ 10. Contact Telephone Number _____
11. Operator Name _____
12. Operator Address _____

B. Fee Computation

All weights must be expressed in tons rounded to the nearest tenth (0.1) of a ton. 1 Cu. Yd. = 1 Ton, 1 Ton = 2,000 Pounds, 1 Gallon = 8 pounds, 1 kilogram = 2.2 pounds

Line No.	MONTH	TOTAL
1	Month 1 - Tons of Hazardous Waste Received	
2	Month 2 - Tons of Hazardous Waste Received	
3	Month 3 - Tons of Hazardous Waste Received	
4	Total Tons of Hazardous Waste Received - Sum of Lines 1, 2 & 3	
5	Fee Calculation @ $1.00/Ton ($1.00 x TOTAL of Line 4 x % of area)	
6	Preexisting Agreement Credit	$
7	Net Fee	$
8	Discount for Timely Payment (1% Discount if paid by the Due Date) (0.01 x Line 7)	$
9	Interest on Amount for Late Payment (See Instructions)	$
10	Penalty for Late Payment (5% Penalty for each month or part of month late) (0.05 x line 7 x Mos.)	$
11	Net Fee Due (Payment MUST be enclosed with report to avoid penalty for late payment.)	$

C. Certification

This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I am aware of the Department of Environmental Protection's requirements for this report. To the best of my knowledge, information and belief, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

_____ *Name of Operator (Print or Typed)*

_____ *Original Signature of Operator (Not Stamped or Photocopied)*

| | | | | | | *Date (mm/dd/yy)*