

**State of Delaware
Annual Hazardous Chemical Inventory (Tier II) Report
Electronic Submittal**

Certification Statement & Fee Summary

This report is submitted for the following facility as required under Title III Section 312 of the Federal Superfund Amendments and Reauthorization Act, and the Delaware Emergency Planning and Community Right-to-Know Act.

Facility Name _____
 Street Address _____
 City _____ State _____ Zip _____

Reports are due by March 1 annually, covering the previous calendar year. This report covers calendar year _____.

If there are any questions regarding this report, the compliance contact for this facility is:

Contact Person _____ Ph# _____

Calculation of reporting fees:

Federal, state, county or local government facility? Yes _____ No _____
 Non-profit organization? Yes _____ No _____

Number of Hazardous Chemicals		x \$40 =	
Number of EHS		x \$80 =	
Number of Mixtures < 10% EHS		x \$40 =	
Number of Mixtures >= 10 % EHS		x \$80 =	
Number of M.V.F. for Retail Sale		NA	---
Number of Exempt Substances		NA	---
Total # of Substances Reported		Total Fee Due	

As required for a complete submittal, attached to this statement are: **1)** a properly labeled diskette containing the required Tier II data, **2)** a site plot plan for the above listed facility, and **3)** a check for the reporting fee due (if applicable).

I certify under penalty of law that I have personally examined and am familiar with the information contained in this submittal and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

 Name and Title of Owner/Operator or Owner/Operator's Authorized Representative (Print)

 Signature

 Date