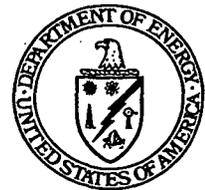




**Department of Energy**

**Ohio Field Office  
Fernald Area Office**

P. O. Box 538705  
Cincinnati, Ohio 45253-8705  
(513) 648-3155



**3588**

15 FEB 2001

Ohio Environmental Protection Agency  
Office of Fiscal Administration  
Dept 631  
Columbus, OH 43265-0631

DOE-0318-01

Dear Sirs:

**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW FUND**

In accordance with the instructions from the Facility Reporting Compliance Manual, enclosed is a check in the amount of \$410.00 payable to the Treasurer, State of Ohio, for the Fernald Site (Revenue ID #177964, Revenue Type RTKAO). Also enclosed is a completed Facility Annual Chemical Inventory Filing Fee Worksheet. This check and worksheet are being submitted concurrently with our CY2000 SARA 312 submittal. This should meet the requirements of the Emergency Planning and Community Right-To-Know Act of 1986 and Section 3750.08 of the Ohio Revised Code.

If you have any questions, please contact Ed Skintik at (513) 648-3151.

Sincerely,

David R. Kozlowski  
Associate Director,  
Office of Safety and Assessment

FEMP:Skintik

Enclosure

cc w/o enc:  
T. R. Spradlin, Fluor Fernald, Inc./ MS25

**SERC**  
**Facility Annual Chemical Inventory Filing Fee Worksheet**      **3588**

<p>Core ID: <u>19313</u>                      Due Date: <u>March 31, 2001</u></p> <p>Amount Due:    <u>\$410.00</u></p> <hr/> <p>Facility Name: <u>Fernald Env Mgmt Project</u></p> <p>Address: <u>PO Box 538704 Mailstop 60</u></p> <p>City: <u>CINCINNATI</u>                      State: <u>OH</u>    Zip: <u>45253</u></p> <p>Revenue ID: <u>177964</u>                  Revenue Type: <u>RTKAO</u></p> <p>County: <u>Hamilton</u></p>	<p><b>Ohio EPA use ONLY</b></p> <hr/> <p>Check ID # _____</p> <hr/> <p>Check Date _____</p> <hr/> <p>Check # _____</p> <hr/> <p>Check Amount \$ _____</p>
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**Revised SERC Filing Fee Schedule (July 27, 1991)**

- \* Inventory Form Filing Fee (Base) \$100.00
- \* Inventory Form Filing Fee (Additional) \$10.00 per hazardous chemical reported over (5)
- \* Inventory Form Filing Fee (Additional) \$50.00 per extremely hazardous substance reported
- \* Facility fee cap, not to exceed \$2,500.00
- \* Late fees received after March 31 shall be subject to 15% late fee charge, compounded every three months

**Please answer the following three (3) questions:**

- (1) Reporting facility is required to submit a chemical inventory report under this program?       Yes     No (Circle One)  
If No; then your facility does not have to pay a fee under this program.
- (2) Reporting facility has reported # 2 extremely hazardous substance(s); pure or mixture component, as listed in the instructional package.
- (3) Facility has reported # 26 hazardous substance(s); as defined under OSHA 1910.1200 and having material safety data sheet. Do not count extremely hazardous substance(s); reported in (2)

- |   |                             |
|---|-----------------------------|
| (A) Base inventory filing fee; reporting one or more hazardous chemicals under the Emergency Planning and Community Right-to-Know Act.  | \$ <u>100.00</u> (A)        |
| (B) Number of extremely hazardous substance(s); as identified in (2) multiplied by \$50.00  | \$ <u>100.00</u> (B)        |
| (C) Number of hazardous chemical(s); as identified in (3); in excess of five (5); multiplied by \$10.00 (The \$100.00 base fee (A), cover the first five (5) chemical of mixtures). | \$ <u>210.00</u> (C)        |
| <b>Total (A) + (B) + (C)</b>  | <b>\$ <u>410.00</u> (D)</b> |

(E) Credit. If you paid a Right-to-Know fee to a city as the result of a grandfathered local law, enter the amount paid to that local for the same on line E. (You must attach a receipt or other documentation for the current reporting period showing the amount paid and that the purpose was for Community Right-to-Know). If no fee was paid enter zero (0) on line E. If your local fee is greater than the amount on line D, enter zero on line G.

\$ 0 (E)

(F) If your payment is postmarked after March 31, your facility must pay a 15% late filing fee. (Note: late filing fees are compounded every three months).

\$ 0 (F)

**Total annual inventory filing fee due**      Total (D) - (E) + (F)      \$ 410.00 (G)

If you need assistance, please call 644-2260 or 1-888-644-2260 (toll free).

Make checks payable to: Treasurer, State of Ohio ✓  
 Return this form to Ohio EPA, Dept. 631, Columbus, Ohio 43265-0631

# FLUOR FERNALD, INC.

P.O. Box 538704  
Cincinnati, OH 45253-8704

CHECK NUMBER 067043

DATE: 01/18/2001

67-1  
532

VOID 90 DAYS FROM DATE

PAY EXACTLY FOUR HUNDRED TEN DOLLARS

\$410.00

**3588**

TO THE ORDER OF TREASURER, STATE OF OHIO

FLUOR FERNALD, INC.  
GENERAL ACCOUNT

Wachovia Bank, N.A.  
Greenville, South Carolina  
In Cooperation with  
Wells Fargo Bank, N.A.  
4759-008055

*John H. Bradburne*  
*J. Michael Jr*

AUTHORIZED SIGNATURE



INVOICE DATE	INVOICE NUMBER	PURCHASE ORDER NUMBER	AMOUNT
01/17/2001	177964		410.00

THE ACCOMPANYING CHECK IS IN SETTLEMENT OF THE ITEMS STATED ABOVE. IF NOT CORRECT PLEASE RETURN AT ONCE.

CHECK NO: 067043  
CHECK DATE: 01/18/2001

FLUOR FERNALD, INC.  
P.O. Box 538704  
Cincinnati, Ohio 45253-8704

VENDOR NO: 940431

**3**