

NMED-HAZARDOUS & RADIOACTIVE MATERIALS BUREAU
ANNUAL HAZARDOUS WASTE FEE SCHEDULE

DATE: July 11, 1994

SECTION I: INFORMATION IDENTIFICATION CESQG

CIRCLE ALL APPLICABLE: ~~SQG~~ LQG TSD PC IMP
(Part I.104 Definitions)

EPA ID#: NMD982285454

SITE/FACILITY NAME: Artesia General Hospital

CONTACT PERSON: Gary Babcock

ADDRESS: 702 North 13th Street

Artesia, NM 88210

SECTION II: ANNUAL GENERATION FEE SCHEDULE

1. A large quantity generator at a site shall pay:
(See Part II, Sec. 201.A.1.a. Fee Schedule)
\$.01 per pound of hazardous waste.
2. Oil Refining Wastewater Generated (Part 201.A.1.b)
\$.01 per ton of hazardous waste.
3. A small quantity generator at a site shall pay the
following fee based upon the average monthly amount
of hazardous waste generated. (See 201.A.2.)

Lbs/Month	Fee (Per Year)
1,001-2,205	\$250
501-1,000	\$100
1-500	\$ 35

SECTION III: ANNUAL BUSINESS FEE SCHEDULE

(Part IV.401)

Generation at Individual Generation Site (per site)

Small Quantity Generator (SQG)	\$200
Large Quantity Generator (LQG)	\$2,500

Treatment or Storage, Including Closure (TSD) (per unit)

First Treatment/Storage Unit at Facility	\$3,500
Additional Treatment/Storage Units at Facility	\$1,750

Disposal, Including Closure (DC) (per unit)

First Disposal Unit at Facility	\$5,000
Additional Disposal Units at Facility	\$2,500

Post-Closure Care (PC) (per unit)

First Unit at Facility in Post-Closure Care	\$1,000
Additional Units at Facility in Post-Closure	\$ 500

SECTION IV: GENERAL INFORMATION

1. Monthly Average Lbs/Tons?

2. Any waste generated from spill cleanup? Yes No

a. If yes, how many Lbs/Tons? What month?

*3. How many Lbs/Tons were recycled?

*NOTE: Submit Document to support quantity recycled.

SECTION V: CALCULATE FIGURES FROM EACH SECTION

Sec. II. Line 1	+	_____
Sec. II. Line 2	+	_____
Sec. II. Line 3	+	_____
Sec. III.	+	_____
Sec. IV. Line 1	+	_____
Sec. IV. Line 2	+	_____
Sec. IV. Line 3	-	_____

TOTAL AMOUNT DUE. = _____
 (Part II.202; Part III.301; Part IV.402)

SECTION VI: CERTIFICATION (Part V.502; Part VI.603.A.B)

I Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that either based on my personal knowledge or my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I hereby certify with the knowledge that any person who knowingly omits material information from or makes any false statement or representation in a fee report may be subject to criminal penalties under the Act.

<u>Jody Clark</u> Signature	Jody Clark, Safety Director Name & Official Title (type or print)	<u>7/11/94</u> Date Signed
		(505) 841-1814 Telephone Number

Comments

*Rec. 7.22.94 5m
 CESGB*