

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

DATE: _____

SECTION I: INFORMATION IDENTIFICATION

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

EPA ID#: NM8075769000

SITE/FACILITY NAME: LOVELACE MEDICAL CENTER

CONTACT PERSON: CHESTER LOVATO

ADDRESS: 5400 Gibson Blvd. Albuquerque, N.M. 87108

SECTION II: ANNUAL GENERATION FEE SCHEDULE

- 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.
- Oil Refining Wastewater Generated (Part 201.A.1.b)
\$.01 per ton of hazardous waste.
- 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	<u>\$ 35</u>

SECTION III: ANNUAL BUSINESS FEE SCHEDULE
(Part IV.401)

Generation at Individual Generation Site (per site)

Small Quantity Generator (SQG)	<u>\$200</u>
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

Make your check, cashiers check, or money order for the full amount payable to: NMED-Hazardous Waste Fund

and mail it along with this Annual Report to:

NMED-Hazardous Waste Fund
NMED/Hazardous & Radioactive Materials Bureau
P.O. Box 26110
Santa Fe, New Mexico 87502

The annual fees for which these regulations provide are due and payable on August 1 of each year, beginning in 1994, except that fees to be paid in 1994 by facilities owned or operated by the U.S. Government are due and payable on November 1, 1994. Beginning August 1995 annual fees for all facilities will be due on August 1 of each year.

NOTE: If New Address Re-submit Notification 8700-12 Form..

FOR DEPT. USE ONLY	<i>Amt of CL</i>
Date received: <u>7.27.94</u>	<i>2,635.00</i>
Amount received: <u>235.⁰⁰</u>	
Check No: <u>100730</u>	
Audit Performed: _____	
<input checked="" type="checkbox"/> OK _____ NOT OK <u>Am</u> INTLS	
Comments: <u>JPG</u>	
REVENUE ORG. CODE _____	