

**NMED-HAZARDOUS & RADIOACTIVE MATERIALS BUREAU
ANNUAL HAZARDOUS WASTE FEE REPORT FOR 1994**

SECTION I: INFORMATION IDENTIFICATION

CIRCLE ALL APPLICABLE: SQG LOG TSD PC IMP **CESQG**

EPA ID#: NMD98-161-0355

SITE/FACILITY NAME: Cummins Southwest Inc.

CONTACT PERSON: Ron Jackson

TITLE: Branch Manager

PHONE: 505-327-7331

PHYSICAL ADDRESS: 1101 N. Troy King Road, Farmington, NM 87401

COUNTY: San Juan

MAILING ADDRESS: P.O. Box 2610 Farmington, NM 87402

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)

a. \$.01 per pound of non recycled hazardous waste
(excl 1.b) _____ Lbs. X \$.01 = _____

b. Characteristic Waste water (Part 201.A.1.b)
\$.01 per ton of hazardous waste.
_____ Tons X \$.01 = _____

2. A small quantity generator at a site shall pay the following fee based upon the average monthly amount of non recycled hazardous waste generated. (See 201.A.2)

Lbs/Month	Fee (Per Year)	Enter Lbs.	Enter Amt Paid
1,001-2,205	\$250	_____	_____
500-1,000	\$100	_____	_____
1-500	\$ 35	_____	_____

NOTE: Conditionally Exempt Small Quantity Generator: If you generated no more than 220 pounds in any month, you are exempt from all fees. If so, stop here and indicate so in Sec. VI.

SECTION III: ANNUAL BUSINESS FEE SCHEDULE (Including Recycled Waste)

Generation at Individual Generation Site (per site)

Small Quantity Generator \$ 200 = _____
Large Quantity Generator \$2,500 = _____

Treatment or Storage, Including Closure (per unit)

First Treatment/Storage Unit at Fac. \$3,500 = _____
Add'l Treatment/Storage Units at Fac \$1,750 x _____ = _____

Disposal, Including Closure (per unit)

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

Post-Closure Care (per unit)

First Unit at Facility in Post-Closure Care \$1,000 = _____
Add'l Units at Facility in Post-Closure \$ 500 x _____ = _____

SECTION IV: GENERAL INFORMATION

1. Total generated in calendar year 1994 excluding spill cleanup and recycled waste:

990lbs.

2. How many Lbs/Tons were recycled? From Spill Cleanup?

990lbs

- 0 -

*NOTE: Submit Document to support quantity recycled and method of recycling.

SECTION V: CALCULATE FIGURES FROM APPROPRIATE SECTIONS

Sec. II.Line 1a + _____

Sec. II.Line 1b + _____

Sec. II.Line 2. + _____

Sec. III. + _____

Late Fee. + _____

CAP Fee + _____
(See Part I.105.B)

TOTAL AMOUNT DUE. = - 0 -
(Part II.202; Part III.301)

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.

Ron Jackson
Signature

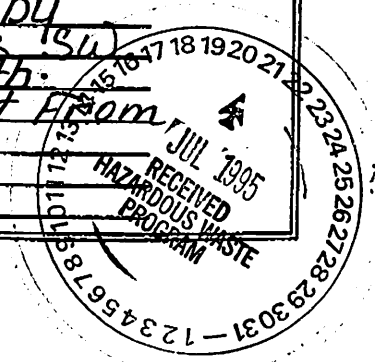
RON JACKSON BRANCH MANAGER
Name & Official Title
(Please type or print)

7/17/95
Date Signed

Comments

All Recycled hazardous waste picked up by Safety AED. See Attached report. Cummins SW Operates less than 220 lbs in any one month. THEREFORE WE ARE Conditionally EXEMPT FROM ALL FEES.

[Signature]



Make the cashiers check, or money order for the full amount payable to:

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

- NOTE:
1. Please re-submit an EPA Notification of Regulated Waste Activity (8700-12) Form for any new changes for this facility.
 2. This form will be returned back to you if incomplete.
 3. A fee report must be submitted for each location.

FOR DEPT. USE ONLY	
Date received: _____	Date received: <u>7-21-95</u>
Amount received: _____	Correct Amt: <u>0</u>
Check No: _____	Check No: _____
Late Fee: _____	
Date Form/Check Ret: _____	
Reason: _____	Reviewed by: <u>[Signature]</u>

REV.ORG.CODE 339 27 1690 900000 4169339	

FORM NMED/AHWFR-001
REV.02.28.95

New Mexico Environment Department
Annual Hazardous Waste Fee Report Addendum

Latitude and Longitude Questionnaire

This form is to be completed by the addressed facility. The purpose of these data elements is to provide a standardized locational coordinate that will assist users in geographically locating a facility. The following information will also be used in a state wide geographic information system (GIS) database using ARC/INFO computer software.

Please answer the following questions.

1. Please enter the facility's LATITUDE _____ ° _____ ' _____ "
2. Please enter the facility's LONGITUDE _____ ° _____ ' _____ "
3. Please circle the correct METHOD CODE used to determine the latitude and longitude coordinates. Please circle only ONE of the choices below.

SUR-GPS: Survey using differential-mode global positioning system (GPS). Accuracy depends on the type of receivers used, receiver configuration and satellite geometry.

NAV-GPS: Navigation-quality GPS. Surveyed using absolute-mode global positioning system.

SUR-C: Cadastral Survey. Surveyed using conventional methods from a previously established GPS or triangulation control point.

MAP: Digital or manual interpolation from a map or photo.

LORAN-C: Loran-C navigation device or radiotriangulation.

ADDMAT: Address matched to a sub-portion of a street block.

PHOTO-GM: Aerial photography.

SPCSCONV: Conversion from state plane coordinate system.

TRSCONV: Conversion from U.S. Public Land Survey System (township, range, section, quarter, etc.).

UTMCONV: Conversion from Universal Transverse Mercator (UTM) coordinates.

continued on next page....

PHOTORAW: Digital or manual raw photo extraction.

RMTSEN: Remote sensing.

ZIP: Zip code centroid.

UNKNOWN: Unknown.

4. Please enter the reference **DATUM** with which the latitude and longitude coordinates were established. The datum should be entered as either **NAD27** or **NAD83** (North American Datum of 1927 or 1983).

5. If a map was used to determine the latitude and longitude then please enter the **SCALE** of the map used. Please enter the ratio of the map only. If no map was used, enter **N/A** for not applicable. If the scale is unknown enter **UNK**.

1: _____

6. Enter the **DATE** the latitude and longitude coordinates were determined.

7. Please enter the **ACCURACY** with which the latitude and longitude coordinates were measured.

+/- _____ Seconds

8. Please enter the **SOURCE** or entity that determined the latitude and longitude coordinates. Circle one of the following.

NMED: New Mexico Environment Department staff.

CONT: NMED contractor.

REG: Regulated entity or their contractor.

9. Enter a **DESCRIPTION** of the entity to which the latitude and longitude coordinates refer. For example, "the front door of a hazardous waste facility, or The center of the hazardous waste building."

Thank you for your help in strengthening accuracy in our GIS project.

FROM: 01/01/84

THRU: 12/31/84

SAFETY-KLEEN CORP. GENERATOR WASTE REPORT

DATE - 07/14/96 PAGE -

CUST - 7-008-01-2034 NOT TO BE USED AS SOLE SOURCE FOR REPORTING PURPOSES.

GENERATOR: 7-008-01-2034 CUMMINS SOUTHWEST INC 1101 TROY KING RD FARMINGTON NM 87401

FACILITY NAME/ADDRESS SK ID/FED EPA ID/STATE EPA ID
SAFETY-KLEEN CORP. 1722 COOPER CREEK ROAD DENTON, TX 76208
0-008-18 TXD077803371 65124
0008 D018 P 187.6 824.1 0000753 WASTE COMBUSTIBLE LIQUID, N.O.S.

Table with columns: SVC DATE, INVOICE, MANIFEST DOG, TRANSPRTR ID, EPA WASTE TYP, CONT, # OF U, QUANTITY, HANDLE CODE, SK-DQT, WASTE DESCRIPTION, CODE, TRAC NUM. Includes rows for 07/28/84 and 10/17/84, and summary rows for FACILITY, GENERATOR, and GRAND TOTAL.

P.01

JUL 17 '95 09:15 FR 7-008-21 FARMINGTON 505 327 3023 TO 3252948

** TOTAL PAGE.01 **