

STATE OF NEW MEXICO ENVIRONMENT DEPARTMENT  
HAZARDOUS & RADIOACTIVE MATERIALS BUREAU  
ANNUAL HAZARDOUS WASTE FEES

Invoice: NM180-EPA035743822-FY1995

1993 Fees Paid: \$235.00  
1994 Fees Paid: \$300.00

ELITE LAUNDRY CO. INC. C.I.A.  
208 E 66 AVE  
GALLUP NM 87301

ELITE LAUNDRY CO., INC.  
PO BOX 640  
208 E 66 AVE, GALLUP, NM 87301  
GALLUP NM 87305

This is our annual notice for hazardous generation and business fees applicable to all facilities classified as small quantity generator (SQG), large quantity generator (LQG), Treatment, Storage or Disposal (TSD) Including Closure and Post-Closure Care. The fee regulations are promulgated pursuant to the provisions of the New Mexico Hazardous Waste Act, Chapter 74, Article 4, NMSA (as amended).

Fees are due August 1st of each year for wastes generated the previous calendar year.

If you have any questions or concerns please contact Stella Montoya or Coby Muckelroy at (505)-827-1559.

PLEASE DETACH AND RETURN THIS SECTION WITH YOUR PAYMENT  
ALSO INCLUDE THE CERTIFICATION FORM

Calendar Year.....: 95 ✓  
Total amount generated\*.....: 7250 ✓ (lbs/tons (circle one))  
\* excluding spill cleanup and recycled waste  
How many lbs/tons were recycled.....: \_\_\_\_\_ lbs/tons (circle one)  
Amount generated from spill cleanup..: \_\_\_\_\_ lbs/tons (circle one)

Generation Fee Amount (Less Recycled): \$ 100.00 ✓  
Business Fee Amount.....: \$ 200.00 ✓  
Late Fee Amount.....: \$ \_\_\_\_\_ ✓  
CAP FEE PAID.....: \$ \_\_\_\_\_ ✓  
Total Amount Paid.....: \$ 300.00 ✓



Make Checks Payable To: NMED/HRMB #4385

Mail Checks To: Hazardous & Radioactive Materials Bureau  
ATTN: Stella Montoya  
PO BOX 26110  
Santa Fe, NM 87502

Invoice: NM180-EPA035743822-FY1995  
Agency: HRMB-FUND-339/ED ACCT-4169339  
22-APR-96

ELITE LAUNDRY CO., INC.  
PO BOX 640  
208 E 66 AVE, GALLUP, NM 87301  
GALLUP NM 87305

**ANNUAL GENERAL HAZARDOUS WASTE 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	<u>7250</u>	<u>100<sup>00</sup></u>
1-500	\$ 35		

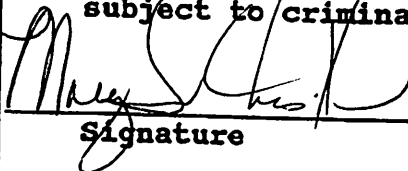
**NOTE: Conditionally Exempt Small Quantity Generator:** If you generated no more than 220 pounds in any month, you are exempt from all fees. If so, stop here and indicate so in Sec. VI.

**ANNUAL BUSINESS FEE SCHEDULE (Including Recycled Waste)**

<b>Generation at Individual Generation Site (per site)</b>			
Small Quantity Generator	\$ 200	=	<u>200<sup>00</sup></u>
Large Quantity Generator	\$2,500	=	_____
<b>Treatment or Storage, Including Closure (per unit)</b>			
First Treatment/Storage Unit at Fac.	\$3,500	=	_____
Add'l Treatment/Storage Units at Fac	\$1,750	x _____	= _____
<b>Disposal, Including Closure (per unit)</b>			
First Disposal Unit at Facility	\$5,000	=	_____
Additional Disposal Units at Facility	\$2,500	x _____	= _____
<b>Post-Closure Care (per unit)</b>			
First Unit at Facility in Post-Closure Care	\$1,000	=	_____
Add'l Units at Facility in Post-Closure	\$ 500	x _____	= _____

**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.

	Secretary, Treasurer	6/28/96
Signature	Name & Official Title (Please type or print)	Date Signed

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_