

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

DATE: July 22, 1994

**SECTION I: INFORMATION IDENTIFICATION** *CSQG*

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

EPA ID#: NMD 98 158 7587

SITE/FACILITY NAME: St. Joseph West Mesa Hospital

CONTACT PERSON: Gail Durham

ADDRESS: 10501 Golf Course Road, NW  
Albuquerque, NM 87114

**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.

Gail Durham Gail Durham, Director  
Signature Name & Official Title

July 25, 1994 Date Signed

(505) 848-8029 Telephone Number

Comments Spent x-ray fixer only.

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
Date received: <u>7.27.94</u>
Amount received: <u>0</u>
Check No: <u>0</u>
Audit Performed: _____
<input checked="" type="checkbox"/> OK _____ NOT OK <u>SM</u> INTLS
Comments: <u>DESOG</u>
_____
_____
REVENUE ORG. CODE _____