

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

**SECTION I: INFORMATION IDENTIFICATION**

CIRCLE ALL APPLICABLE: SQG LQG TSD PC IMP CESQG

EPA ID#: <sup>446</sup> NMD 98 158 7587

SITE/FACILITY NAME: St. Joseph West Mesa Hospital  
 CONTACT PERSON: Gail Durham TITLE: Director Environmental Safety  
 PHONE: (505) 244-8029  
 COUNTY: Bernalillo  
 PHYSICAL ADDRESS: 10501 Golf Course Road, NW Albuquerque, NM 87114  
 MAILING ADDRESS: POBox 25555 Albuquerque, NM 87125

**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:

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

\*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. . . . . = \_\_\_\_\_**  
(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.

*Gail Durham*  
Signature

Gail Durham, Director  
Environmental Safety  
Name & Official Title  
(Please type or print)

*July 26, 1995*  
Date Signed

Comments Spent x-ray fixer only.

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: 8-1-95 Date received: \_\_\_\_\_  
Amount received: 0 Correct Amt: \_\_\_\_\_  
Check No: \_\_\_\_\_ Check No: \_\_\_\_\_  
Late Fee: \_\_\_\_\_  
Date Form/Check Ret: \_\_\_\_\_  
Reason: \_\_\_\_\_ Reviewed by: DM

REV.ORG.CODE 339 27 1690 900000 4169339

FORM NMED/AHWFR-001  
REV.02.28.95