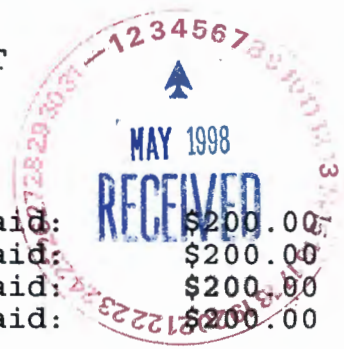


STATE OF NEW MEXICO ENVIRONMENT DEPARTMENT
 HAZARDOUS & RADIOACTIVE MATERIALS BUREAU
 ANNUAL HAZARDOUS WASTE FEES



Invoice: NM1242-NMD149806895-FY1997

SQG 1993 Fees Paid: \$200.00
 SQG 1994 Fees Paid: \$200.00
 SQG 1995 Fees Paid: \$200.00
 SQG 1996 Fees Paid: \$200.00

OWNER
 CREAMLAND DAIRIES, INC.
 PO BOX 25067
 ALBUQUERQUE NM 87105

FACILITY
 CREAMLAND DAIRIES GARAGE
 PO BOX 25067
 ALBUQUERQUE NM 87105

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 Barbara Cardenas (505)827-1558 or John Tymkowych at (505)827-1508.

Calendar Year.....: 97
 Total amount generated.....: 105 lbs/tons (circle one)
 How many lbs/tons were recycled.....: 105 lbs/tons (circle one)
 Amount generated from spill cleanup...: _____ lbs/tons (circle one)

Generation Fee Amount (Less Recycled): \$ _____
 Business Fee Amount.....: \$ ~~200.00~~
 Late Fee Amount.....: \$ _____
 CAP FEE PAID.....: \$ _____
 Total Amount Paid.....: \$ ~~200.00~~

Make Checks Payable To: NMED/HRMB

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

Invoice: NM1242-NMD149806895-FY1997
 Agency: HRMB-FUND-339/ED ACCT-4169339
 09-APR-98

CREAMLAND DAIRIES GARAGE
 NATE RICHARDSON
 PO BOX 25067
 ALBUQUERQUE NM 87105

5/5/98 -- Spoke w/ Nate to get the lbs. generated per month.

Is a CFSQB

Entered into fee & base

1242

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

Invoice: NM1242-EPAD149806895-FY1997

1993 Fees Paid: \$200.00
1994 Fees Paid: \$200.00
1995 Fees Paid: \$200.00
1996 Fees Paid: \$.00

OWNER
CREAMLAND DAIRIES, INC.
PO BOX 25067
ALBUQUERQUE NM 87105

FACILITY
CREAMLAND DAIRIES GARAGE
PO BOX 25067
ALBUQUERQUE NM 87105

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 John Tymkowych at (505)-827-1559.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT
ALONG WITH THE CERTIFICATION FORM

Calendar Year.....: 96 ✓
Total amount generated.....: 1320 lbs/tons (circle one)
How many 1320 lbs/tons were recycled.....: 1320 lbs/tons (circle one)
Amount generated from spill cleanup...: _____ lbs/tons (circle one)

Generation Fee Amount (Less Recycled): \$ _____
Business Fee Amount.....: \$ 200.00 ✓
Late Fee Amount.....: \$ _____
CAP FEE PAID.....: \$ _____

Total Amount Paid.....: \$ 200.00 ✓

Make Checks Payable To: NMED/HRMB #208325

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



Invoice: NM1242-EPAD149806895-FY1997
Agency: HRMB-FUND-339/ED ACCT-4169339
24-APR-97

CREAMLAND DAIRIES GARAGE
NATE RICHARDSON
PO BOX 25067
ALBUQUERQUE NM 87105

ANNUAL GENERAL WASTE FEE SCHEDULE (See Part 201.1.a)

1. A large quantity generator at a site shall Pay:
 - 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 amount of non recycled hazardous waste generated.
(See 201.A.2)

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

ANNUAL BUSINESS FEE SCHEDULE (Including Recycled Waste)

Generation at Individual Generation Site (per Site) (See Part IV.400)			
Small Quantity Generator	\$ 200	=	<u>\$200.00</u>
Large Quantity Generator	\$2,500	=	_____
Treatment or Storage, Including Closure (per unit)			
First Treatment/Storage Unit at Facility	\$3,500	=	_____
Add'l Treatment/Storage Units at Facility	\$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 Care	\$ 500	X	_____

CERTIFICATION (See 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 knowingly omits or representation in a fee report may be subject to criminal penalties under the Act.

M. Richardson FLEET MANAGER
Signature Name & Official Title 4-29-97
Date

Add'l. Comments:
ALL WASTE IS RECYCLED BY SAFETY-KLEEN
110 POUNDS OR LESS PER MONTH

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

SECTION I: INFORMATION IDENTIFICATION

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

EPA ID#: NM0149806895

SITE/FACILITY NAME: CREAMLAND DAIRIES INC.

CONTACT PERSON: NATE RICHARDSON TITLE: FLEET MANAGER

PHONE: 505-768-1264

PHYSICAL ADDRESS: 1700 2ND ST. N.W. ALBUQUERQUE, N.M. 87102

COUNTY: BERNALILLO

MAILING ADDRESS: PO BOX 25067 ALBUQUERQUE, N.M. 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 _____ 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.

Mate Richardson
Signature

MATE Richardson FLEET MANAGER
Name & Official Title
(Please type or print)

5-1-95
Date Signed

Comments

SECTION IV: GENERAL INFORMATION

1. Total generated in calendar year _____ 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.

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Sec. II.Line 1a + _____

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Sec. II.Line 2. + _____

Sec. III. + _____

Late Fee. + _____

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

TOTAL AMOUNT DUE. = _____
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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.

[Signature]
Signature

MARIE RICHARDSON FLEET MANAGER
Name & Official Title
(Please type or print)

5-1-95
Date Signed

Comments

