

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

**SECTION I: INFORMATION IDENTIFICATION**

1402  
 CIRCLE ALL APPLICABLE: SQG LQG TSD PC IMP **CESQG**  
 EPA ID#: KM 0986673143  
 SITE/FACILITY NAME: FOUR SEASONS CLEANERS  
 CONTACT PERSON: STEVE DENIO TITLE: OWNER, PRES.  
 PHONE: 623-1900  
 COUNTY: CHAVES  
 PHYSICAL ADDRESS: 104 E ~~BERRE~~ BERRENDO, ROSWELL  
 MAILING ADDRESS: SAME

**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 = \_\_\_\_\_

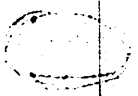
2. A small quantity generator at a site shall pay the following fee based upon the average monthly amount of non recycled hazardous waste generated. (See 201.A.2)

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)**

<b>Generation at Individual Generation Site (per site)</b>			
Small Quantity Generator	\$ 200	=	_____
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 _____	= _____



ENCLOSURE

1941, 1942  
1943, 1944  
1945, 1946  
1947, 1948

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**SECTION IV: GENERAL INFORMATION**

*Exempt.*

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)		
<b>TOTAL AMOUNT DUE. . . . .</b>	<b>=</b>	<b>_____</b>
(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.

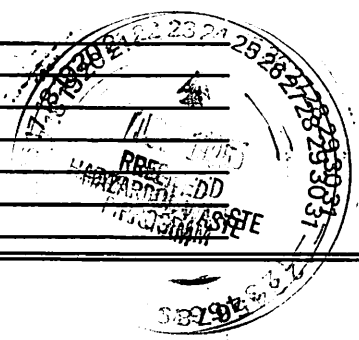
*Steve Denio*  
Signature

STEVE DENIO, PRES.  
Name & Official Title  
(Please type or print)

7-19-95  
Date Signed

Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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.

<b>FOR DEPT. USE ONLY</b>	
Date received: _____	Date received: <u>7-25-95</u>
Amount received: _____	Correct Amt: <u>0</u>
Check No: _____	Check No: _____
Late Fee: _____	
Date Form/Check Ret: _____	
Reason: _____	Reviewed by: <u>ym</u>
_____	
_____	
_____	
_____	
REV.ORG.CODE 339 27 1690 900000 <u>4169339</u>	

FORM NMED/AHWFR-001  
REV.02.28.95