

**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#: NMD986673291

SITE/FACILITY NAME: 1-DAY PAINT & BODY CENTERS, INC.

CONTACT PERSON: GABRIEL SANCHEZ TITLE: ASSISTANT VICE PRESIDENT
PHONE: 505/255-2626

PHYSICAL ADDRESS: 6147 ZUNI ROAD S.E., ALBUQUERQUE, NM 87108 COUNTY: _____

MAILING ADDRESS: P.O. BOX 3037, TORRANCE, CA 90510

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	<u>535/MONTH</u>	<u>100</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.

SECTION III: ANNUAL BUSINESS FEE SCHEDULE (Including Recycled Waste)

Generation at Individual Generation Site (per site)			
Small Quantity Generator	\$ 200	=	<u>200</u>
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	+	_____
Soc. II.Line 2.	+	100
Sec. III.	+	200
Late Fee.	+	36 + 100
CAP Fee (See Part I.105.B)		_____
TOTAL AMOUNT DUE.	=	436
		(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.

Wiley L. Langford
Signature

Wiley L. LANGFORD, Dir./r
Name & Official Title
(Please type or print)

5/30/96
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.

FOR DEPT. USE ONLY	
Date received: <u>5-31-96</u>	Date received: _____
Amount received: <u>436⁰⁰</u>	Correct Amt: _____
Check No: <u>089692</u>	Check No: _____
Late Fee: _____	
Date Form/Check Ret: _____	
Reason: _____	Reviewed by: <u>AM</u>

REV.ORG.CODE 339 27 1690 900000 4169339	

FORM NMED/AHWFR-001
REV.02.28.95

Description	Fund	CES	DFA Org.	DFA Acct.	ED Org.	ED Acct.	Amount	
** 1. LUST Recoveries	783	24		9690	900000	2519614		1.
** 2. LUST Prepayments	783	24		9690	900000	2519615		2.
3. PRP Prepayments	248	14		9690	900000	4969014		3.
4. <input checked="" type="checkbox"/> Hazardous Waste Annual Generator Fees	339	27		1690	900000	4169339	1598.40	4.
5. Gross Receipt Tax	064	01		2329	900000	2329134		5.
* 6. UST Owners List	783	24		9690	900000	2519001		6.
* 7. Hazardous Waste Notifiers List	783	24		9690	900000	2519002		7.
* 8. UST Maps	783	24		9690	900000	2519003		8.
* 9. UST Handbooks	783	24		9690	900000	2519004		9.
* 10. UST Owners Update	783	24		9690	900000	2519005		10.
* 11. Hazardous Waste Regulations	783	24		9690	900000	2519007		11.
* 12. Radiologic Tech. Regulations	783	24		9690	900000	2519008		12.
* 13. Air Quality Publications	783	24		9690	900000	2519010		13.
* 14. Superfund CERCLIS List	783	24		9690	900000	2519011		14.
* 15. Solid Waste Permit Fees	783	24		9690	900000	2519013		15.
* 16. Radiation Licensing Regulations	783	24		969			0.00	16.
* 17. Sale of Equipment	783	24		969				17.
* 18. Sale of Automobile	783	24		969				18.
19. CY Reimbursement Project _____ Tax _____	064	01						19.
20. Air Quality Title V.	092	13		169			0.00 *	20.
21. Circle K Reimbursements	248	14		969				21.
22. Climax Chemical Co.	248	14		969				22.
23. Hazardous Waste Permits	339	27		169			1,598.40 +	23.
24. Water Quality - Drinking Water	340	28		169			1,598.40 *	24.
25. Water Quality - GW Discharge Permit	341	29		169				25.
26. Water Quality - Oil Conservation Division	341	29		23			0.00	26.
27. Air Quality Permits	631	31		169				27.
28. Payments under Protest	651	33		2919	900000	2919033		28.
* 29. Xerox Copies	652	34		2349	900000	2349001		29.
30. Ground Water Penalties	652	34		2349	900000	2349002		30.
31. Witness Fees	652	34		2349	900000	2349003		31.
32. Air Quality Penalties	652	34		2349	900000	2349004		32.
33. OSHA Penalties	652	34		2349	900000	2349005		33.
34. Prior Year Reimbursement	652	34		2349	900000	2349006		34.
35. Surface Water Quality Certification	652	34		2349	900000	2349009		35.
36. Jury Duty	652	34		2349	900000	2349012		36.
37. CY Telephone Reimbursements	652	34		2349	900000	2349014		37.
38. Emerg. Hazardous Waste Penalties NOV	957	32		1640	900000	4164032		38.
39. Radiologic Tech. Certification	987	05		1690	900000	4169005		39.
40. UST Tank Installers Fees	989	20		1690	900000	4169021		40.
41. UST Permit Fees	989	20		1690	900000	4169020		41.
42. Food Permit Fees	991	26		1690	900000	4169026		42.
43. Other								43.

* Gross Receipt Tax Required

** Site Name & Project Code Required

TOTAL: 1598.40

Contact Person: Stella Montoya

Phone #: 1558

Date: 5-31-96

Received in ASD By: _____

Date: _____ RT # _____

ST # _____

NM DEPARTMENT OF ENVIRONMENT
ASD FINANCIAL SERVICES BUREAU

EDFAS JOURNAL VOUCHER

POSTING MO. / EDFAS JE NO. CFRAS JE NO. (IF APPLICABLE)

<u>FY</u> <u>2(X)</u>	<u>FUND</u> <u>3(X)</u>	<u>ORG</u> <u>6(X)</u>	<u>ACCOUNT</u> <u>7(X)</u>	<u>TAX</u> <u>1(X)</u>	<u>PROJ</u> <u>8(X)</u>	<u>FUNC</u> <u>3(X)</u>	<u>DESCRIPTION</u> <u>20(X)</u>	DEBIT	CREDIT
								\$	
00	339	900000	2319001				GENERATOR FEES		\$ <u>1598.40</u>
96	339	900000	4800339				GENERATOR FEES	\$ <u>1598.40</u>	

TOTALS \$ 1598.40 \$ 1598.40

NOTES:

PREPARED BY Steve Montoy DATE 5-31-96 REVIEWED BY _____ POSTED BY _____ DATE _____

FSB003

7/94