

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

DATE: 7-25-94



SECTION I: INFORMATION IDENTIFICATION *a3*

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

EPA ID#: NMD007396658

SITE/FACILITY NAME: MCC Compaction Plant

CONTACT PERSON: Deanna T. Estrada

ADDRESS: P.O. Box 101

Carlsbad, New Mexico 88220

OK

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 |

149

SECTION IV: GENERAL INFORMATION

1. Monthly Average Lbs/Tons? 119 Lbs.

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? 119 Lbs.

*NOTE: Submit Document to support quantity recycled.

SECTION V: CALCULATE FIGURES FROM EACH SECTION

| | | | |
|--|---|-------|---------------|
| Sec. II. Line 1 | + | _____ | 0 |
| Sec. II. Line 2 | + | _____ | 0 |
| Sec. II. Line 3 | + | _____ | 0 |
| Sec. III. | + | _____ | 200 |
| Sec. IV. Line 1 | + | _____ | |
| Sec. IV. Line 2 | + | _____ | |
| Sec. IV. Line 3 | - | _____ | |
| TOTAL AMOUNT DUE. | | = | _____ \$200 ✓ |
| (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.

Deanna Estrada Deanna T. Estrada-Plant Envir. Coord. 7-25-94
 Signature Name & Official Title Date Signed
 (type or print)

(505) 887-5591
 Telephone Number

Comments * Copies of monthly waste manifests included

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: _____ |
| Amount received: _____ |
| Check No: _____ |
| Audit Performed: _____ |
| _____ OK _____ NOT OK _____ INTLS |
| Comments: _____ _____ _____ |
| REVENUE ORG. CODE _____ |