NMED-HAZA US & RADIOACTIVE MATERIAL BUREAU ANNUAL HAZARDOUS WASTE FEE REPORT FOR 1994

In the of pro

SECTION I: INFORMATION IDENTIFICATION			
CIRCLE ALL APPLICABLE: SQG L	QG TSD PC IMP CESUGS	21	
EPA ID#: NMD 007396658	OUNTER OUT CESQGS STORY SH	194	
SITE/FACILITY NAME: MPI COMPACTIO	ON PLANT	_ 2 1.	
CONTACT PERSON: Terry W. Westfall	TITLE: Refinery Superintend PHONE: (505) 887-5591	dent 5	
PHYSICAL ADDRESS: HWY 243	COUNTY: Lea	- (100	
· · · · · · · · · · · · · · · · · · ·			
MAILING ADDRESS: P.O. BOX 101 Carl	Lsbad, NM 88220		
SECTION II: ANNUAL GENERATION FEE	SCHEDULE		
1. A large quantity generator	at a gite chall Pay:		
(See Part II, Sec.201.A.1.a			
a. \$.01 per pound of non	recycled hazardous waste		
(excl 1.b)	Lbs. X \$.01 =		
b. Characteristic Waste w	water (Part 201.A.1.b)		
\$.01 per ton of hazard			
7	Tons X \$.01 =		
2. A small quantity generator	m at a gite ghall new the		
	the average monthly amount		
	waste generated. (See 201.A.2)		
	Enter Enter		
Lbs/Month Fee (Per Ye	ear) Lbs. Amt Paid		
1,001-2,205 \$250 500-1,000 \$100			
1-500 \$ 35	-0- t		
NOTE: Conditionally Exempt Sma	all Quantity Generator: If you ge	nerate	
If so, stop here and indicate s	month, you are exempt from all :	Iees.	
II so, stop nere and indicate a	- In Dec. 11.		
SECTION III: ANNUAL BUSINESS FEE S	SCHEDULE (Including Recycled Was	te)	
	11-011-1		
Generation at Individual Genera Small Quantity Generator			
Large Quantity Generator	\$ 200 = 200 \$2,500 =		
narge Quantity Generator	\$2,500		
Treatment or Storage, Including			
First Treatment /Storage Unit	at Fac \$3 500 =		

\$5,000

Add'l Treatment/Storage Units at Fac \$1,750

Additional Disposal Units at Facility \$2,500

First Unit at Facility in Post-Closure Care \$1,000

Disposal, Including Closure (per unit) First Disposal Unit at Facility

Post-Closure Care (per unit)

ECTION IV: GENERAL	INFORMATION	
	ed in calendar year 1994 exc and recycled waste:	luding
2. How many Lbs/ From Spill Cl	Tons were recycled?	
OTE: Submit Docume recycling.	ont to support quantity recyc	led and method of
CTION V: CALCULATE	FIGURES FROM APPROPRIATE SE	CTIONS
Sec. II.Line la .	+	
Sec. II.Line 1b .	· · · · · · · · · · · · · · · · · · ·	
Sec. II.Line 2	+	
Sec. III	+ _200.0	0
Late Fee		
CAP Fee		
(See Part I.105.		
TOTAL AMOUNT DUE. (Part II.202; Pa	rt III.301)	
CTION VI: CERTIFIC	ATION (Part V.502; Part VI.	603.A.B)
am familiar with a documents, and the inquiry of those a the information, accurate, and comp any person who knows	enalty of law that I have per the information submitted in at either based on my person individuals immediately respond I believe that the submitted plete. I hereby certify with owingly omits material information or representation in a feature	this and all attached al knowledge or my onsible for obtaining information is true, a the knowledge that mation from or makes
	al penalties under the Act.	s topolt may be
Jerry W Wettell	al penalties under the Act. Terry W. Westfall	
	-	June 28, 1995 Date Signed
Jerry W Wettell	Terry W. Westfall Name & Official Title	
Signature	Name & Official Title (Please type or print)	

FORM NMED/AHWFR-001 Rev.02.28.95 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.

te received:	
ount received:	Correct Amt: 200
eck No:	Check No: 1550
te Fee:	
te Form/Check Ret:	
ason:	Reviewed by:

FORM NMED/AHWFR-001 REV.02.28.95