

SQG

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



Invoice: NM1736-NM0000479048-FY1997 SQG 1993 Fees Paid: \$235.00
CESQG 1994 Fees Paid: \$0.00
CESQG 1995 Fees Paid: \$0.00
CESQG 1996 Fees Paid: \$0.00

OWNER *Propulsion*
AEROJET ~~GENERAL CORPORATION~~
1940 ALABAMA AVE PO BOX 3530
RANCHO CORDOVA CA 95741-3530

FACILITY *Propulsion*
AEROJET ~~ELECTRONICS SYSTEM DIV~~
604 SPRING STREET
SOCORRO NM 87801

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.....	8250	lbs/tons (circle one)
How many lbs/tons were recycled.....	8150	lbs/tons (circle one)
Amount generated from spill cleanup..	-0-	lbs/tons (circle one)
Generation Fee Amount (Less Recycled):	\$ 35.00	
Business Fee Amount.....	\$ 200.00	
Late Fee Amount.....	\$ -0-	
CAP FEE PAID.....	\$ -0-	
Total Amount Paid.....	\$ 235.00	

B 235.00 James & Martin
5/29/98

Make Checks Payable To: NMED/HRMB *ch # 5625*
Mail Checks To: Hazardous & Radioactive Materials Bureau
ATTN: Barbara Cardenas
PO BOX 26110
Santa Fe, NM 87502

Invoice: NM1736-NM0000479048-FY1997 AEROJET ELECTRONICS SYSTEM DIV
Agency: HRMB-FUND-339/ED ACCT-4169339 BOBBY L. ROMAN
09-APR-98 604 SPRING STREET
SOCORRO NM 87801

Fees entered in D-BASE - need to change name

entered fee alb em

ok to process 6/8/98 bc

**NMED-HAZARDOUS & RADIOACTIVE MATERIALS BUREAU
ANNUAL HAZARDOUS WASTE FEE REPORT FOR 97**

SECTION I: INFORMATION IDENTIFICATION

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

EPA ID#: NM0000479048

SITE/FACILITY NAME: AEROJET PROPULSION DIVISION

CONTACT PERSON: BOBBY L. ROMAN

TITLE: SAFETY MANAGER

PHONE: (505) 835-1764

PHYSICAL ADDRESS: 604 SPRING STREET

COUNTY: SOCORRO

MAILING ADDRESS: SOCORRO, NEW MEXICO 87801

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	1-100	\$0.00

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.


Signature

BOBBY L. ROMAN, SAFETY MANAGER
Name & Official Title
(Please type or print)

5-18-98
Date Signed

Comments _____

