

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

**SECTION I: INFORMATION IDENTIFICATION**

1823  
 CIRCLE ALL APPLICABLE: SOQ LOG TSD PC IMP CESQG  
 EPA ID#: NMD986683910  
 SITE/FACILITY NAME: Presbyterian Family Healthcare - Rio Bravo  
 CONTACT PERSON: Jim O'Neil TITLE: Safety Coordinator  
 PHONE: (505) 841-1819  
 COUNTY: Bernalillo  
 PHYSICAL ADDRESS: 3436 Isleta SW, Alb., NM 87105  
 MAILING ADDRESS: Presbyterian Healthcare Svcs., P.O. Box 26666, Alb., NM 87125-6666

**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)**

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 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)

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

JODY CLARK  
Safety Director  
Name & Official Title  
(Please type or print)

5/23/95  
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.

FOR DEPT. USE ONLY

Date received: \_\_\_\_\_ Date received: 6-5-95

Amount received: \_\_\_\_\_ Correct Amt: 0

Check No: \_\_\_\_\_ Check No: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Date Form/Check Ret: \_\_\_\_\_

Reason: \_\_\_\_\_ Reviewed by: AM

REV.ORG.CODE 339 27 1690 900000 4169339

FORM NMED/AHWFR-001  
REV.02.28.95

New Mexico Environment Department  
Annual Hazardous Waste Fee Report Addendum

Latitude and Longitude Questionnaire

This form is to be completed by the addressed facility. The purpose of these data elements is to provide a standardized locational coordinate that will assist users in geographically locating a facility. The following information will also be used in a state wide geographic information system (GIS) database using ARC/INFO computer software.

Please answer the following questions.

1. Please enter the facility's **LATITUDE** 35 ° 01 ' 40 "
2. Please enter the facility's **LONGITUDE** 106 ° 40 ' 12 "
3. Please circle the correct **METHOD CODE** used to determine the latitude and longitude coordinates. Please circle only ONE of the choices below.

**SUR-GPS:** Survey using differential-mode global positioning system (GPS). Accuracy depends on the type of receivers used, receiver configuration and satellite geometry.

**NAV-GPS:** Navigation-quality GPS. Surveyed using absolute-mode global positioning system.

**SUR-C:** Cadastral Survey. Surveyed using conventional methods from a previously established GPS or triangulation control point.

**MAP:** Digital or manual interpolation from a map or photo.

**LORAN-C:** Loran-C navigation device or radiotriangulation.

**ADDMAT:** Address matched to a sub-portion of a street block.

**PHOTO-GM:** Aerial photography.

**SPCSCONV:** Conversion from state plane coordinate system.

**TRSCONV:** Conversion from U.S. Public Land Survey System (township, range, section, quarter, etc.).

**UTMCONV:** Conversion from Universal Transverse Mercator (UTM) coordinates.

continued on next page....

PHOTORAW: Digital or manual raw photo extraction.

RMTSEN: Remote sensing.

ZIP: Zip code centroid.

UNKNOWN: Unknown.

4. Please enter the reference **DATUM** with which the latitude and longitude coordinates were established. The datum should be entered as either NAD27 or NAD83 (North American Datum of 1927 or 1983).

NAD27

5. If a map was used to determine the latitude and longitude then please enter the **SCALE** of the map used. Please enter the ratio of the map only. If no map was used, enter N/A for not applicable. If the scale is unknown enter UNK.

1: 24,000

6. Enter the **DATE** the latitude and longitude coordinates were determined.

5-19-95

7. Please enter the **ACCURACY** with which the latitude and longitude coordinates were measured.

+/- 2 Seconds

8. Please enter the **SOURCE** or entity that determined the latitude and longitude coordinates. Circle one of the following.

NMED: New Mexico Environment Department staff.

CONT: NMED contractor.

REG: Regulated entity or their contractor.

9. Enter a **DESCRIPTION** of the entity to which the latitude and longitude coordinates refer. For example, "the front door of a hazardous waste facility, or The center of the hazardous waste building."

Presbyterian Family Healthcare - Rio Bravo

Thank you for your help in strengthening accuracy in our GIS project.