

NEW MEXICO ENVIRONMENT DEPARTMENT
HAZARDOUS AND RADIOACTIVE MATERIALS BUREAU
ANNUAL HAZARDOUS WASTE FEE REPORT

Note: Complete and returned this report with your invoice and payment

SECTION I: FACILITY INFORMATION AND IDENTIFICATION

Facility Name: Smith's Food & Drug # 448
EPA Identification Number: NMRO00000299 Phone: 505-897-3411
Facility Address: 8301 Golf course Rd
Alba, NM 87120
Mailing Address: Smith's Food & Drug Corporate offices
1775 W. 1500 SO SLC, UT 84104
Facility Contact: RAQUEL AUSTIN
Title: photo lab store support

The New Mexico Hazardous Waste Generator Fees are comprised of two parts, a Business Fee and a Generation Fee. The Business Fee is determined by your generator status and the Generation Fee is determined by the amount of non-recycled hazardous waste, which is generated by the facility. It is important to note that your generator status is determined by adding the recycled and non-recycled hazardous waste generated by your facility each month.

Generator Status:

- If you generate 220 lbs. (100 kg.) or less of hazardous waste (recycled and non-recycled) per month, you are a Conditionally Exempt Small Quantity Generator (CESQG).
- If you generate more than 220 lbs. (100 kg.) but less than 2,200 lbs. (1000 kg.) of hazardous waste (recycled and non-recycled) per month, you are a Small Quantity Generator (SQG).
- If you generate more than 2,200 lbs. (1000 kg.) of hazardous waste (recycled and non-recycled) per month, you are a Large Quantity Generator (LQG).

NOTE: IF YOU GENERATED SQG OR LQG QUANTITIES IN ANY CALENDAR MONTH, THAT IS YOUR GENERATOR STATUS FOR THE CALENDAR YEAR. COMPLETE SECTION II TO DETERMINE YOUR GENERATOR STATUS AND GENERATION FEE.

IF YOU ARE A CESQG, YOU DO NOT OWE ANY FEES. PLEASE COMPLETE THIS FORM AND RETURN TO OUR OFFICE.

SECTION II: ANNUAL GENERATION CALCULATIONS

To calculate the annual generation, use the schedule below. Enter the total amount of hazardous waste generated per month and then subtract the amount of recycled hazardous waste per month. The difference is the amount of non-recycled hazardous waste for which you owe a fee.

Month	Total Hazardous Waste	Recycled	Non-Recycled
January	0	0	0
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTALS	0	0	0

ANNUAL GENERATION FEES

1. Small Quantity Generators shall pay the following fees based on the average monthly amount of non-recycled hazardous waste generated.

<u>Pounds per month</u>	<u>Fee per year</u>
1 – 500.....	\$ 35.00
501 – 1,000.....	\$ 100.00
1,001 – 2,205.....	\$ 250.00

Enter appropriate amount 0

2. Large Quantity Generators at a site shall pay the following fees for non-recycled hazardous waste generated for the reporting year, if both hazardous waste and hazardous wastewater were generated at the site, the generator must determine the amounts for each to calculate the fee. Use the following fee schedules for these calculations.

a. \$0.01 per pound of hazardous waste generated at the site.
0 lbs. for the reporting year X \$0.01 = 0

b. \$0.01 per ton for wastewater designated a hazardous waste solely because it exhibits a hazardous characteristic.
0 tons for the reporting year X \$0.01 = 0

CAP FEES: The aggregate amount of annual generation, imported waste compensating and business fees to be paid per person [as defined at 20 NMAC 4.3.107(B)(12)] for any year based on this Part (20 NMAC 4.3) shall be limited to:

One facility.....	\$35,000.00
Two facilities.....	\$50,000.00
Three or more facilities.....	\$65,000.00

Example: If your facility is a treatment, storage and disposal facility and generates non-recyclable hazardous waste in amounts which will exceed a total fee greater than the amounts given in the above table, you only pay the CAP fee indicated.

SECTION III: BUSINESS FEES

Based on the generator status determined from Section II, check the appropriate category for this facility and pay the appropriate Business Fee.

<input checked="" type="checkbox"/>	Conditional Exempt Small Quantity Generator.....	\$ 0.00
<input type="checkbox"/>	Small Quantity Generator.....	\$ 200.00
<input type="checkbox"/>	Large Quantity Generator.....	\$2,500.00

SECTION IV: PAST DUE FEES

Fees owed for previous years are calculated the same as above and are then multiplied by 1%. This amount is multiplied by the number of months that the fee is past due:

$$\text{Calculated Fee} \times 1\% \times \text{Number of months past due} = \text{Late fee}$$

Example: \$235 x .01 x 10 months = \$23.50

This late fee is added to the calculated fee and the administrative charge of \$100 for the total back fee owed for that year:

$$\text{Calculated Fee} + \text{Late Fee} + \$100 = \text{Total Past Due Fee}$$

Example: \$235 + \$23.50 + \$100 = \$358.50

If you are paying past due fees for multiple years, you pay the administrative charge one time only. The fees for each year are due on August 1st of the next year. **Example: Fees for 1993 were due on August 1, 1994. Please calculate past due fees and enter them below:**

1993 fees.....\$ 0
 1994 fees.....\$ 0
 1995 fees.....\$ 0
 1996 fees.....\$ 0
 1997 fees.....\$ 0
 Administrative fee.....\$ **100.00**
 Total Past Due Fees Owed.....\$ 0

SECTION V: TOTAL FEES DUE

Total Fees (Business Fees and Generation Fees)
 Owed for 1998 Calendar Year.....\$ 0
 Total Past Due Fees Owed (if applicable).....\$ 0
TOTAL.....\$ 0

SECTION VI: CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. I hereby certify that either based on my personal knowledge or my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I hereby acknowledge 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.

RAQUEL AUSTIN
 Name (printed or typed)
Raquele Austin
 Signature

Photo Lab Store Support
 Title
Nov 17, 1999
 Date

This Report must be completed and returned to the address listed below. Make your cashiers check or money order for the full amount due payable to the NMED Hazardous Waste Fund and mail it to:

NMED/Hazardous and Radioactive Materials Bureau
 2044 Galisteo St.
 Santa Fe, New Mexico 87502

Academy Corporation
6905 Washington N.E.
Albuquerque, New Mexico 87109
1-800-545-6685
FAX# (505) 344-4638

448

WORK ORDER

Order Date: July 9, 1998
 Work Date: Dec 9, 97
 Location:

Time in: 10:00 Am.
 Time out: 11:40 Am.
 Customer #: SMT448

Smith's #448
 Photo Lab Manager
 8301 Golf Course Rd.
 Albuquerque, NM 87120
 Attn: Antoinette Johnston 505-897-3411

FULL SERVICE or MINI SERVICE

Equipment: MPS 500PT,
 (if above Blank or Differs) - equip. _____

Directions to Store: Salt Lake City
 S.W. CORNER of PASO DEL NORTE + GOLF COURSE

SPECIAL INSTRUCTIONS:

Types of Canisters: (circle appropriate type)
 Silver Sure: SS200, SS500, TM-6, TM-7, TM-8 How many canisters in use? 2 / 1 each

Check List: (Circle the answers that apply)

1. System Check. Were all components functioning correctly? Yes, No
 Needs attention: A. Pump Station B. Canister #1 C. Canister #2
 Were repairs made? Yes No Describe repairs and parts used: _____
2. Condition of system:
A. Clean B. Needs Attention C. Neglected D. Abused Explain: _____
3. Are there any leaks in the system? Yes No Where? _____ Repaired? yes
 no
4. Was canister replacement done? Yes No How many installed? 1 Customer Initials AJ
5. Was the new canister filled with water prior to install? Yes No
6. Was the 2nd canister rotated into the 1st position? Yes No N/A
7. Were installation/rotation dates written on canisters? Yes No
 Dates on removed items: Installed: _____ 1) _____ 2)
 Rotated: 1) _____ 2) _____
8. Were Plumbing Lines flushed clean? Yes No Was Drain Line cleaned or replaced?
9. Was Efficiency Audit taken? Yes No Number of samples: 2
10. Number of canisters taken from this location: 1 Customer Initials EA

Comments: _____

Was Service Work Acceptable? Yes No Lab Manager Signature: [Signature]

Service Technician Signature: [Signature]