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NMED  
Hazardous Waste Bureau

February 9, 2015

Mr. John Kieling  
Chief, Hazardous Waste Bureau,  
New Mexico Environment Department  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, NM 87505

**RE: 2013 Closure Cost Estimate for Advanced Chemical Treatment, Inc. – NMD002208627**

Dear Mr. Kieling:

Attached please find the 2014 closure cost estimate and supporting documents for Advanced Chemical Treatment, Inc.

If NMED requires further information or documents, please contact myself, Krista Harsono at 619-571-5737 or [kharsono@advancedchemical.net](mailto:kharsono@advancedchemical.net) and I will respond in a timely manner.

Regards,

*Krista W. Harsono*

Krista W. Harsono  
Compliance Director  
Advanced Chemical Transport/Treatment

Enclosures

cc: P. Paduano, Advanced Chemical Transport/Treatment  
S. Moudy, Advanced Chemical Transport/Treatment  
T. Hall, NMED HW



# CLOSURE COST ESTIMATE

The following is the most recent closure cost estimate for Advanced Chemical Treatment, Inc. as required by 20.4.1.500 NMAC, incorporating 40 CFR 264.142. The cost estimate is based on hiring a third party to close the Facility at a point in the Facility's active life when the extent and manner of its operation would make closure most expensive.

## SCHEDULE A

EPA Identification Number                      NMD002208627  
 Name    Advanced Chemical Treatment, Inc.  
 Address     6133 Edith Boulevard, NE, Albuquerque, NM 87107

## SUMMARY OF CLOSURE COSTS

Description	Quantity	Units	Cost per Unit	Total Cost
<b>Cost for removal/disposal/treatment of:</b>				
<i>Maximum amount of waste at facility at any given time</i>	55,000	gallons	\$ 1.81	\$99,550
<i>Wash water/residue generated from closure activities</i>	1000	gallons	\$ 0.50	\$500
<i>Disposal of contaminated walls</i>	10	cu. Yd.	\$ 35.00	\$350
<i>Disposal of contaminated concrete flooring or asphalt</i>	10	cy. Yd.	\$ 35.00	\$350
<i>Disposal of contaminated soil</i>	10	cy. Yd.	\$ 35.00	\$350
<b>Sampling costs:</b>				
<i>Soil (coring labor and analysis)</i>	10	Soil Samples	\$ 500.00	\$5,000
<i>Waste profile samples from wash water residue</i>	2	Water Samples	\$ 95.00	\$190
<b>Closure certification costs:</b>				
<i>Inspection by NM Registered P.E.</i>				\$2,250
<i>Preparation of closure report by NM Registered P.E.</i>				\$2,250
<b>Other costs:</b>				
<i>Labor costs for decontamination</i>	4 people x 5 days x 8 hours	hours	\$ 20.00	\$3,200
<i>Labor costs for sealing cracks, fissures, missing seals, etc</i>	1 person x 4 hours	hours	\$ 20.00	\$80
<i>Equipment rental costs (power washer, PPE, jack hammer, hand tools, etc.)</i>				\$1,500
<i>Labor costs for Demo</i>	3 people x 5 days x 8 hours	hours	\$ 20.00	\$2,400
<i>Equipment rental costs (power washer, PPE, jack hammer, hand tools, etc.)</i>	5 days	Excavator w/ breaker	\$ 500.00	\$2,500

**\$120,470**



# CERTIFICATE OF LIABILITY INSURANCE

ADVAN-2

OP ID: JR

DATE (MM/DD/YYYY)

04/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ISU Massie & Beck Ins. Serv. License #0B29340 P.O. Box 1272 Lafayette, CA 94549-1272 Dean Sigmundson	<b>Phone: 925-283-5750</b> <b>Fax: 925-283-5751</b>	<b>CONTACT NAME: Julie Rector</b> <b>PHONE (A/C, No, Ext): 925-283-5750</b> <b>FAX (A/C, No): 925-283-5751</b> <b>E-MAIL ADDRESS: julie@isumassie.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Advanced Chemical Treatment Inc. 6137 Edith Blvd NE Albuquerque, NM 87107	<b>INSURER A : Starr Indemnity &amp; Liability</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			SISIEIL70128914  PROFESSIONAL LIABILITY RETRO DATE: 4/18/00	04/18/2014	04/18/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> <b>Pollution Liab.</b>						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> <b>Professional Liab</b>						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	<b>AUTOMOBILE LIABILITY</b>			SISIPCA08259814	04/18/2014	04/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/>	OCCUR	SISIXNV71061814	04/18/2014	04/18/2015	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>		CLAIMS-MADE				AGGREGATE \$ 10,000,000
		DED	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	<b>Auto Physical Dam.</b>			SISIPCA08259814	04/18/2014	04/18/2015	<b>Coll&amp;Comp</b> Various Ded:

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of insurance only.

**CERTIFICATE HOLDER****CANCELLATION**

ADVAN10

Advanced Chemical Treatment, Inc.  
6137 Edith Blvd NE  
Albuquerque, NM 87107

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Dean Sigmundson*

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New Mexico Environment Department

Hazardous Waste Facility Certificate of Liability Insurance

Advanced Chemical Transport, Inc.

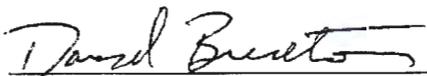
1210 Elko Drive

Sunnyvale, CA 94089

For Hazardous Waste Facility

1. Admiral Insurance Company, (the "Insurer"), of 1000 Howard Blvd #300, Mt Laurel NJ 08054 hereby certifies that it has issued liability insurance covering bodily injury and property damage to Advanced Chemical Treatment, Inc. (the "insured"), of 6137 Edith Blvd. NE, Albuquerque, NM 87107 in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147 as adopted by New Mexico Administrative Code Title 20 Environmental Protection Chapter 4 Hazardous Waste Part 1 Hazardous Waste Management sub-part 500, as applicable. The coverage applies at EPA10# NMD 002208627; Advanced Chemical Treatment, Inc.: 6137 Edith Blvd. NE, Albuquerque, NM 87107 for "sudden and non sudden accidental occurrences". The limits of liability are \$4,000,000/\$8,000,000 ("each occurrence "and" annual aggregate "limits of the Insurer's liability), exclusive of legal defense costs. The coverage is provided under policy number FEI-EIL-20469-00, issued by 10-17-14. The effective date of said policy is 10-17-14.
2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1,
  - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by the Secretary of the New Mexico Environmental Department or his/her designee, the Insurer agrees to furnish to such individual assigned duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the insurer, the insured, a parent corporation providing insurance coverage for its subsidiary, or by a firm having an insurable interest in and obtaining liability insurance on behalf of the owner or operator of the hazardous waste management facility, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the New Mexico Environmental Department or his/her designee in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as adopted by such regulation and the New Mexico Administrative Code Title 20 Environmental Protection Chapter 4 Hazardous Waste Part 1 Hazardous Waste Management sub-part 500, as applicable, was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

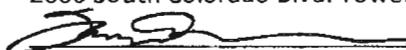
 (Signature of Authorized Representative of Insurer) Date 10/27/2014

David Brereton

Program Manager, Freberg Environmental Inc.

Admiral Insurance Company

2000 South Colorado Blvd. Tower II #800 Denver CO 80222

 (Notary Signature) \_\_\_ Sandy Spencer \_\_\_ My commission Expires 4-2-16

# ACCOUNT STATEMENT

Statement Period  
Account Number

12/01/2014 through 12/31/2014  
3085004335

005

## Changes In Net Assets

	COST VALUE	MARKET VALUE
<b>BEGINNING BALANCE AS OF 12/01/2014</b>	<b>255,163.35</b>	<b>255,163.35</b>
<b>EARNINGS</b>		
CASH INCOME	1.28	1.28
LESS PRIOR ACCRUED INCOME	1.28-	1.28-
PLUS CURRENT ACCRUED INCOME	1.64	1.64
REALIZED GAIN/LOSS ON SALE OF ASSETS	0.00	0.00
NET UNREALIZED GAIN OR LOSS	0.00	0.00
TOTAL EARNINGS	1.64	1.64
<b>CONTRIBUTIONS &amp; OTHER INCREASES</b>		
TOTAL CONTRIBUTIONS & OTHER INCREASES	0.00	0.00
<b>DISTRIBUTIONS &amp; OTHER DECREASES</b>		
TOTAL DISTRIBUTIONS & OTHER DECREASES	0.00	0.00
<b>ENDING BALANCE AS OF 12/31/2014</b>	<b>255,164.99</b>	<b>255,164.99</b>

# ACCOUNT STATEMENT

Statement Period  
Account Number

12/01/2014 through 12/31/2014  
3085004335

005

## Summary Of Assets

	AS OF 12/01/2014		AS OF 12/31/2014	
	COST VALUE	MARKET VALUE	COST VALUE	MARKET VALUE
<b>A S S E T S</b>				
CASH	0.00	0.00	0.00	0.00
DUE FROM BROKERS	0.00	0.00	0.00	0.00
ACCRUED INCOME	1.28	1.28	1.64	1.64
<b>TOTAL CASH &amp; RECEIVABLES</b>	<b>1.28</b>	<b>1.28</b>	<b>1.64</b>	<b>1.64</b>
SHORT TERM INVESTMENTS				
SHORT TERM INVESTMENTS	255,162.07	255,162.07	255,163.35	255,163.35
<b>TOTAL SHORT TERM INVESTMENTS</b>	<b>255,162.07</b>	<b>255,162.07</b>	<b>255,163.35</b>	<b>255,163.35</b>
<b>TOTAL HOLDINGS</b>	<b>255,162.07</b>	<b>255,162.07</b>	<b>255,163.35</b>	<b>255,163.35</b>
<b>TOTAL ASSETS</b>	<b>255,163.35</b>	<b>255,163.35</b>	<b>255,164.99</b>	<b>255,164.99</b>
<b>L I A B I L I T I E S</b>				
DUE TO BROKERS	0.00	0.00	0.00	0.00
<b>TOTAL LIABILITIES</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL NET ASSET VALUE</b>	<b>255,163.35</b>	<b>255,163.35</b>	<b>255,164.99</b>	<b>255,164.99</b>

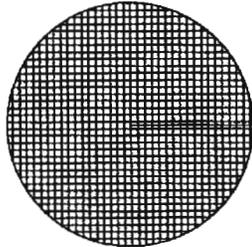
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Account Number

12/01/2014 through 12/31/2014  
3085004335

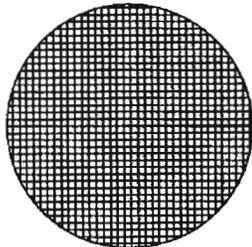
005

## Beginning Market Allocation



0.0%	CASH & RECEIVABLES	1.28
100.0%	SHORT TERM INVESTMENTS	255,162.07
100.0%	<b>Total</b>	<b>255,163.35</b>

## Ending Market Allocation



0.0%	CASH & RECEIVABLES	1.64
100.0%	SHORT TERM INVESTMENTS	255,163.35
100.0%	<b>Total</b>	<b>255,164.99</b>

# ACCOUNT STATEMENT

Statement Period 12/01/2014 through 12/31/2014  
Account Number 3085004335

005

## Schedule Of Assets Held Investment Summary

	Cost	Market Value	% of Acct	Estim Ann Inc	Income Yield
SHORT TERM INVESTMENTS	255,164.99	255,164.99	100.00	26	0.01
<b>Total Assets</b>	<b>255,164.99</b>	<b>255,164.99</b>	<b>100.00</b>	<b>26</b>	<b>0.01</b>

## Schedule Of Assets Held

UNITS	ASSET DESCRIPTION	COST	UNIT PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	YIELD AT MARKET
	SHORT TERM INVESTMENTS					
	SHORT TERM INVESTMENTS					
255,163.35	GOLDMAN SACHS FS GOVERNMENT FUND 38141W273	255,163.35	1.00	255,163.35	0.00	0.010
	ACCRUED INCOME	1.64		1.64	0.00	0.000
	TOTAL SHORT TERM INVESTMENTS	255,164.99		255,164.99	0.00	



# ACCOUNT STATEMENT

Statement Period  
Account Number

12/01/2014 through 12/31/2014  
3085004335

005

## Summary Of Cash Transactions

R E C E I P T S		
CASH BALANCE AS OF 12/01/2014		0.00
INCOME RECEIVED		
INTEREST	1.28	
TOTAL INCOME RECEIPTS		1.28
TOTAL RECEIPTS		1.28
D I S B U R S E M E N T S		
COST OF ACQUISITION OF ASSETS		1.28-
TOTAL DISBURSEMENTS		1.28-
CASH BALANCE AS OF 12/31/2014		0.00
THE ENDING CASH BALANCE CONSISTS OF:		
CASH	0.00	
DUE FROM BROKER	0.00	
DUE TO BROKER	0.00	
TOTAL CASH	0.00	



# ACCOUNT STATEMENT

Statement Period  
Account Number

12/01/2014 through 12/31/2014  
3085004335

005

## Schedule Of Income Earned

DATE	DESCRIPTION	BEGINNING ACCRUAL / RECEIVABLE	CASH RECEIVED	ENDING ACCRUAL / RECEIVABLE	INCOME EARNED	MARKET / COST BASIS
<b>INTEREST</b>						
<b>SHORT TERM INVESTMENTS</b>						
CUSIP # 38141W273 GOLDMAN SACHS FS GOVERNMENT FUND						
12/01/2014	DIVIDEND ON GOLDMAN SACHS FS GOVERNMENT FUND PAYABLE 12/01/2014 FOR 11/01/14 THROUGH 11/30/14		1.28			
	<b>SECURITY TOTAL</b>	1.28 0.00	1.28	1.64 0.00	1.64	
	<b>TOTAL SHORT TERM INVESTMENTS</b>	1.28 0.00	1.28	1.64 0.00	1.64	
	<b>TOTAL INTEREST</b>	1.28 0.00	1.28	1.64 0.00	1.64	
	<b>TOTAL INCOME EARNED</b>	1.28 0.00	1.28	1.64 0.00	1.64	



# ACCOUNT STATEMENT

Statement Period 12/01/2014 through 12/31/2014  
Account Number 3085004335

005

## Schedule Of Asset Acquisitions

TRADE DATE	SETTLMT DATE	DESCRIPTION	UNITS	COST
<b>SHORT TERM INVESTMENTS</b>				
		CUSIP # 38141W273 GOLDMAN SACHS FS GOVERNMENT FUND		
		TOTAL ACTIVITY FROM 12/01/2014 TO 12/31/2014		
		PURCHASED 1.28 GOLDMAN SACHS FS GOVERNMENT FUND ON 12/31/2014 AT 1.00	1.28	1.28
		<b>TOTAL</b>	<b>1.28</b>	<b>1.28</b>
		<b>TOTAL SHORT TERM INVESTMENTS</b>	<b>1.28</b>	<b>1.28</b>
		<b>TOTAL ASSET ACQUISITIONS</b>		<b>1.28</b>

