

HM

State of New Mexico Environment Department  
Hazardous & Radioactive Materials Bureau  
Annual Hazardous Waste Fees

Invoice: NM1154-NMD035717438-FY1998

Prior Year Payments

Owner:  
ROGER LOGAN  
1311 W RIVERSIDE DR  
CARLSBAD, NM 88220

Facility:  
CARLSBAD MOTOR COMPANY  
P O BOX 1509  
2802 W PIERCE ST  
CARLSBAD, NM 88220

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 Cindy Abeyta at (505) 827-1563, ext. 1053 or John Tymkowych at (505) 827-1508.

Calendar Year.....	<u>1998</u>	
Total amount generated.....	<u>2,217.70</u>	(8) lbs/tons (circle one)
How many lbs/tons were recycled?.....	<u>2,217.70</u>	(8) lbs/tons (circle one)
Amount generated from spill cleanup....	<u>0</u>	lbs/tons (circle one)

FEE SUMMARY: (from Annual Hazardous Waste Fee Report)	
Generation Fee Amount	\$ <u>0</u>
Business Fee Amount.....	\$ <u>200.00</u>
Late Fee Amount.....	\$ <u>0</u>
CAP FEE PAID.....	\$ <u>0</u>
TOTAL AMOUNT DUE.....	\$ <u>200.00</u>

CK # 83213 SQG  
DB 7-27-99

Make Checks Payable to: NMED/HRMB

Mail Checks to: New Mexico Environment Dept, HRMB  
ATTN: Cindy Abeyta  
P.O. Box 26110  
Santa Fe, NM 87502

Invoice NM1154-NMD035717438-FY1998  
Agency: HRMB-FUND-339/ED ACCT-4169339

ROGER LOGAN  
CARLSBAD MOTOR COMPANY  
1311 W RIVERSIDE DR  
CARLSBAD, NM 88220

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: CARLSBAD MOTOR COMPANY  
EPA Identification Number: NM 035717438 Phone: (505) 885-3101  
Facility Address: 2802 W. PIERCE ST.  
CARLSBAD, NM 88220  
Mailing Address: P.O. BOX 1509  
CARLSBAD, NM 88220  
Facility Contact: ART WRIGHT  
Title: SERVICE MANAGER

*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.**



**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 type="checkbox"/>	Conditional Exempt Small Quantity Generator.....	\$ 0.00
<input checked="" 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 1<sup>st</sup> 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.....\$ \_\_\_\_\_  
 1994 fees.....\$ \_\_\_\_\_  
 1995 fees.....\$ \_\_\_\_\_  
 1996 fees.....\$ \_\_\_\_\_  
 1997 fees.....\$ \_\_\_\_\_  
 Administrative fee.....\$ 100.00  
 Total Past Due Fees Owed.....\$ \_\_\_\_\_

**SECTION V: TOTAL FEES DUE**

Total Fees (*Business Fees and Generation Fees*)  
 Owed for 1998 Calendar Year.....\$ 200.<sup>00</sup>  
 Total Past Due Fees Owed (if applicable).....\$ N/A  
 TOTAL.....\$ 200.<sup>00</sup>

**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.

ART WRIGHT  
 Name (printed or typed)

SERVICE MANAGER  
 Title

A. J. Wright  
 Signature

7-16-99  
 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