

State of New Mexico Environment Department  
Hazardous Waste Bureau  
Annual Hazardous Waste Fees

NF  
11-22

*(pd) file*

Invoice: NM1672-NMD007396658-FY2000

Prior Year Payments

Owner:  
MISSISSIPPI POTASH INC.  
P. O. BOX 101  
CARLSBAD, NM 88220

Facility: *North Plant*  
MISSISSIPPI POTASH - COMPACTION PLA  
PO BOX 101  
HWY 243  
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) 827-1557 or Debby Brinkerhoff at (505) 827-1557

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Calendar Year.....: 2000  
Total amount generated.....: 565 lbs/tons (circle one)  
How many lbs/tons were recycled?.....: 0 lbs/tons (circle one)  
Amount generated from spill cleanup...: 0 lbs/tons (circle one)

FEE SUMMARY: (from Annual Hazardous Waste Fee Report)  
Generation Fee Amount \$ 35.00  
Business Fee Amount.....: \$ 200.00  
Late Fee Amount.....: \$ 0.00  
CAP FEE PAID.....: \$ 0.00  
TOTAL AMOUNT DUE.....: \$ 235.00

Make Checks Payable to: NMED/HWB

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

Invoice: NM1672-NMD007396658-FY2000  
Agency: HWB-FUND-339/ED ACCT-4169339

MISSISSIPPI POTASH INC.  
MISSISSIPPI POTASH - COMPACTION PLANT  
P. O. BOX 101  
CARLSBAD, NM 88220

NEW MEXICO ENVIRONMENT DEPARTMENT  
HAZARDOUS WASTE BUREAU  
ANNUAL HAZARDOUS WASTE FEE REPORT

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

**SECTION I: FACILITY INFORMATION AND IDENTIFICATION**

Facility Name: Mississippi Potash Inc. - North Plant  
EPA Identification Number: NM0007396658 Phone: 505-234-3881  
Facility Address: State Hwy 243  
Carlsbad, NM  
Mailing Address: P.O. Box 101  
Carlsbad, NM 88220  
Facility Contact: Bill Jacob  
Title: Environmental Coordinator

*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 (recycle 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	<u>565</u>	<u>0</u>	<u>565</u>
February	<u>0</u>	<u>0</u>	<u>0</u>
March	<u>0</u>	<u>0</u>	<u>0</u>
April	<u>0</u>	<u>0</u>	<u>0</u>
May	<u>0</u>	<u>0</u>	<u>0</u>
June	<u>0</u>	<u>0</u>	<u>0</u>
July	<u>0</u>	<u>0</u>	<u>0</u>
August	<u>0</u>	<u>0</u>	<u>0</u>
September	<u>0</u>	<u>0</u>	<u>0</u>
October	<u>0</u>	<u>0</u>	<u>0</u>
November	<u>0</u>	<u>0</u>	<u>0</u>
December	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<u>565</u>	<u>0</u>	<u>565</u>

**ANNUAL GENERATION FEES**

- 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 35.00

- 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.

- \$0.01 per pound of hazardous waste generated at the site.

\_\_\_\_\_ lbs. for the reporting year X \$0.01 = \_\_\_\_\_

- \$0.01 per ton for wastewater designated a hazardous waste solely because it exhibits a hazardous characteristic.

\_\_\_\_\_ tons for the reporting year X \$0.01 = \_\_\_\_\_

**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 NMAC4.3) 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 fee is past due:

**Calculated Fee x 1% x Number of months past due= 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:

**Calculated Fee + Late Fee +\$100= Total Past Due Fee**

**Example: \$253 + \$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:**

1995 fees.....\$ \_\_\_\_\_  
 1996 fees.....\$ \_\_\_\_\_  
 1997 fees.....\$ \_\_\_\_\_  
 1998 fees.....\$ \_\_\_\_\_  
 1999 fees.....\$ \_\_\_\_\_  
 Administrative fee.....\$ 100.00  
 Total Past Due Fees Owed.....\$ \_\_\_\_\_

**SECTION V: TOTAL FEES DUE**

Total Fees (Business Fees and Generation Fees)  
 Owed for ~~1999~~ <sup>2000</sup> Calendar Year.....\$ 235.00  
 Total Past Due Fees Owed (if applicable).....\$ 0.00  
 TOTAL.....\$ 235.00

**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 information from or makes any false statement or representation in a fee report may be subject to criminal penalties under the Act.

William Jacob Name (printed or typed)      Environmental Coordinator Title

William Jacob Signature      6-25-01 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 Waste Bureau  
 P.O. Box 26110  
 Santa Fe, New Mexico 87502-6110