



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

1686

Report #: ~~NM 986681997-1694~~ CY2004

NM 986681914  
Please provide current Owner information below.

Facility Mailing Address:  
Lovelace Carlisle Clinic  
3901 Carlisle Blvd NE  
Albuquerque NM 87108

Owner Name: Lovelace Medical Center  
Address: 5400 Gibson Blvd SE  
Albuquerque NM 87108

Facility Location Address:  
Same



This is the NMED annual notice for hazardous generation and business fees applicable to all facilities classified as Small Quantity Generators (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 New Mexico Hazardous Waste Act, Chapter 74, Article 4, NMSA (as amended). **Fees are due AUGUST 1, 2005 for waste generated during calendar year 2004.**

If you have any questions or concerns please contact Charlotte Duran at (505) 428-2508.

Calendar Year	<u>2004</u>	
Total amount generated	<u>0</u>	lbs/tons (circle one)
How many lbs/tons were recycled?	<u>0</u>	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>0</u>
Late Fee Amount	\$ <u>0</u>
CAP Fee Paid	\$ <u>0</u>
<b>TOTAL AMOUNT DUE</b>	\$ <u>0</u>

### Special Instructions:

- Please include your report # on your remittance check.
- Complete and return this invoice with your Annual Hazardous Waste Fee report.
- Retrieve your Hazardous Waste Fee Report at <http://www.nmenv.state.nm.us/hwb/notifiers.html>. If you are unable to retrieve this report, please contact Charlotte Duran at (505) 428-2508 for a hard copy.
- Submit your remittance and report to:

**NMED/HWB**  
**New Mexico Environment Dept/HWB**  
**Attn: Charlotte Duran**  
**2905 Rodeo Park Drive East**  
**Santa Fe, NM 87505**



NEW MEXICO ENVIRONMENT DEPARTMENT  
HAZARDOUS WASTE BUREAU

2004 ANNUAL HAZARDOUS WASTE FEE REPORT

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

**SECTION I: FACILITY INFORMATION AND IDENTIFICATION**

Facility Name: Lowlace Carlisle Clinic

EPA Identification Number: NM986681914 Phone: 262-7091

Facility Address: 3901 Carlisle Blvd SE  
Albug. NM 87107

Mailing Address: 5400 Cobson Blvd SE  
Albug. NM 87107

Facility Contact: Doreen Parni

Title: Safety / IC Manager

Reporting Date: August 2005

*The New Mexico Hazardous Waste Generation Fee is 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.*

*Detailed regulations covering the annual hazardous waste fees are defined at 20.4.3 NMAC.*

**SECTION II: ANNUAL GENERATION CALCULATIONS**

To calculate the annual waste generation amounts, use the schedule below. Enter the total pounds of hazardous waste generated per month and then subtract the pounds of recycled hazardous waste per month. The difference is the amount of non-recycled hazardous waste generated.

Calendar Year: 2005

Month	Total Hazardous Waste (lb)		Recycled (lb)	=	Non-Recycled (lb)
January	<u>0</u>	-	<u>0</u>	=	<u>0</u>
February		-		=	
March		-		=	
April		-		=	
May		-		=	
June		-		=	
July		-		=	
August		-		=	
September		-		=	
October		-		=	
November		-		=	
December		-		=	
Annual Totals	<u>0</u>	-	<u>0</u>	=	<u>0</u>

**SECTION III: GENERATION STATUS DETERMINATION**

Determine your generator status using the largest amount of total hazardous waste generated during any one calendar month (from first column in Section II).

**GENERATOR STATUS:**

- \* If you generate 220 lbs (100 kg) or less of hazardous waste (recycled and non-recycled) in any one month, you are a Conditionally Exempt Small Quantity Generator (CESQG).
- \* If you generate more than 220 lbs (100 kg) but less than 2,206 lbs (1,000 kg) of hazardous waste (recycled and non-recycled) in any one month, you are a Small Quantity Generator (SQG).
- \* If you generate more than 2,205 lbs (1,000 kg) of hazardous waste (recycled and non-recycled) in any one month, you are a Large Quantity Generator (LQG).

**NOTE: IF YOU ARE A CESQG, YOU DO NOT OWE ANY FEES. PLEASE COMPLETE THE CERTIFICATION SECTION OF THIS FORM AND RETURN TO OUR OFFICE.**

**SECTION IV: BUSINESS FEES**

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

Conditional Exempt Small Quantity Generator .....	no fees due
Small Quantity Generator .....	\$ 200.00
Large Quantity Generator .....	\$2,500.00

**SECTION V: ANNUAL GENERATION FEES**

- Conditionally Exempt Small Quantity Generators do not owe any annual generator fees.
- Small Quantity Generators shall pay the following fees based on the average monthly amount of non-recycled hazardous waste generated.

Annual total non-recycled hazardous waste from Section II divided by twelve equals monthly average

\_\_\_\_\_ lb / 12 =                      pounds per month

1 - 500 pounds/month .....	\$ 35.00
501 - 1,000 pounds/month .....	\$ 100.00
1,001 - 2,205 pounds/month .....	\$ 250.00

If < 2,206 pounds/month, enter appropriate fee: \$                     

- 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 non-recycled hazardous waste generated at the site.  
 \_\_\_\_\_ pounds for the reporting year X \$ 0.01 = \$ \_\_\_\_\_

and

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

Total LQG annual fee (a + b) = \$ \_\_\_\_\_

**SECTION VI: PAST DUE FEES**

Fees owed for previous years are calculated the same as above and are then multiplied by 1%. The sum of the annual business fee (Section IV) and the generation fee (Section V) are multiplied by the number of months that the fee is past due:

$$\text{Business Fee} + \text{Generation} \times 1\% \times \text{Number of months past due} = \text{Late Fee}$$

$$\text{Example: } (\$200 + \$35) \times 0.01 \times 10 \text{ Months} = \$23.50$$

This late fee is added to the business fee, the generation fee, and the administration charge of \$100 to determine the total past due fee owed for that year:

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

$$\text{Example: } \$200.00 + \$35.00 + \$23.50 + \$100.00 = \$358.50$$

If you are paying past due fees for multiple years, you pay the administration charge one time only. The fees for each year are due on August 1st of the following year.

Example: Fees for 2003 were due on August 1, 2004. Please calculate past due fees and enter them below:

2001 Fees	.....	\$	_____
2002 Fees	.....	\$	_____
2003 Fees	.....	\$	_____
Administrative Fee	.....	\$	100.00
Total Past Due Fees Owed	.....	\$	_____

**SECTION VII: CAP FEES**

CAP Fees: The aggregate amount of annual generation and business fees to be paid per person [as defined at 20.4.3.107(B)(12) NMAC] for any year based on this Part (20.4.3 NMAC) shall be limited to:

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

If your facility generates non-recycled hazardous waste in amounts which will result in a total fee greater than the amounts given in the above table, you only pay the CAP Fee indicated. These CAP Fees does not apply to late fees.

**SECTION VIII: TOTAL FEES DUE**

Total Fees (Business Fees, Generation Fees)  
Owed for Current Calendar Year

\_\_\_\_\_

Total Past Due Fees Owed (if applicable)

\_\_\_\_\_

TOTAL FEES

\_\_\_\_\_

**SECTION IX: 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.

Doreen Garni  
Name (printed or typed)

Safety/IC Manager  
Title

[Signature]  
Signature

8/2/05  
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  
2905 Rodeo Park Drive East, Bldg. 1  
Santa Fe, New Mexico 87505**