



State of New Mexico Environment Department

Hazardous Waste Bureau

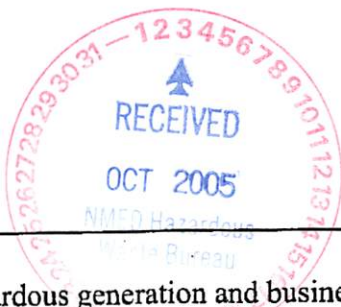
Annual Hazardous Waste Fees

1688

Report #: NMD986681997-1694-CY2004

NMD 986681930
Please provide current Owner information below.
Owner Name: Lovelace Medical Center
Address: 5400 Gibson Blvd SE
Albuquerque, NM 87105

Facility Mailing Address:
Lovelace Montgomery Clinic
9101 Montgomery Blvd NE
Albuq. NM 87111
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	_____	
Total amount generated	_____	lbs/tons (circle one)
How many lbs/tons were recycled?	_____	lbs/tons (circle one)
Amount generated from spill cleanup	_____	lbs/tons (circle one)

FEE SUMMARY: (from Annual Hazardous Waste Fee Report)

Generation Fee Amount	\$ _____
Business Fee Amount	\$ _____
Late Fee Amount	\$ _____
CAP Fee Paid	\$ _____
TOTAL AMOUNT DUE	\$ _____

- 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: Lovelace Montgomery Clinic

EPA Identification Number: NM0981668193A Phone: 262-7091

Facility Address: 9101 Montgomery Blvd NE
Albany, NM 87111

Mailing Address: 5400 Gibson Blvd SE
Albany, NM 87108

Facility Contact: Doreen Garni

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		-		=	
February		-		=	
March		-		=	
April		-		=	
May		-		=	
June		-		=	
July		-		=	
August		-		=	
September		-		=	
October		-		=	
November		-		=	
December		-		=	
Annual Totals		-		=	

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

1. **Conditionally Exempt Small Quantity Generators do not owe any annual generator fees.**

2. **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 = 2 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: \$ 2

3. **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

_____ *[Signature]*

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**