



NEW MEXICO
ENVIRONMENT DEPARTMENT



SUSANA MARTINEZ
Governor
JOHN A. SANCHEZ
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2905 Rodeo Park Drive East, Building 1
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RYAN FLYNN
Cabinet Secretary
BUTCH TONGATE
Deputy Secretary

NMDOT PROJECT CONTROL NUMBER 1101052, BRIDGE #5805 AND #7387
2912 E. PINE STREET
DEMING NM 88030

Facility Location Address:
BRIDGE # 5805 I-10 MM 0.16
LORDGSBURG NM 88045

4352

RECEIVED

Report#: NMR000020818 [redacted] CY2015

Subject: 2015 Annual Hazardous Waste Fee Report

NMED
Hazardous Waste Bureau

Date: July 1, 2016

To whom it may concern:

This is the New Mexico Environment Department Hazardous Waste Bureau annual notice for hazardous waste generation and business fees applicable to all facilities currently classified as a Small Quantity Generator (SQG) or a Large Quantity Generator (LQG). 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, 2016 for waste generated during calendar year 2015.**

If your facility was either a Large Quantity Generator (LQG) or a Small Quantity Generator (SQG) of hazardous waste during calendar year 2015, the 2015 Annual Hazardous Waste Fee Report is required to be completed upon receipt of this notice.

If your facility is no longer a Large Quantity Generator (LQG) or a Small Quantity Generator (SQG) of hazardous waste you will need to complete and submit the Notification of Regulated Waste Activity Form 8700-12.

The required Report and Forms, along with additional information on the New Mexico Environment Department Hazardous Waste Bureau Statutes and Regulations, can be found online at: <https://www.env.nm.gov/HWB/notifiers.html>

Documents Helpful in Filling out the Report and/or Form

- Hazardous waste manifests
- Annual Hazardous Waste Fee Reports submitted in previous years
- Records of quantities of hazardous waste generated or accumulated on-site
- Results of laboratory analyses of your waste
- Contracts or agreements with off-site facilities managing your wastes

Special Instructions:

- Please include your report # listed at the top of this letter as well as on your remittance check.
- See Section III of Fee Report for Generator Definitions.
- You can find your Hazardous Waste Fee Report at <https://www.env.nm.gov/HWB/notifiers.html>

Submit the required remittance and Report and/or Forms to:

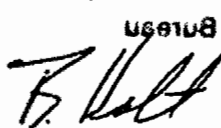
**Hazardous Waste Bureau
New Mexico Environment Department
Attn: Charlotte Duran
2905 Rodeo Park Drive East Bldg 1
Santa Fe, NM 87505**

Notification regarding check payments:

When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have any questions or need additional assistance, please contact Charlotte Duran, charlotte.duran@state.nm.us, 505-476-6012 or James Valdez, james.valdez@state.nm.us, 505-476-6018.

Sincerely,


Hazardous Waste Bureau

Brian Holton
Finance and Data Management Manager
New Mexico Environment Department
Hazardous Waste Bureau

BLH:jv

Quintana, Alma, NMDOT

From: Jones, Roxann K, NMDOT
Sent: Thursday, August 13, 2015 3:27 PM
To: Quintana, Alma, NMDOT
Subject: RE: Close Out EPA Number for CN 1101052

Thank you!

From: Quintana, Alma, NMDOT
Sent: Thursday, August 13, 2015 2:43 PM
To: Jones, Roxann K, NMDOT
Cc: Torres, Brian P., NMDOT
Subject: FW: Close Out EPA Number for CN 1101052

Here is the email I sent out since April.

Alma Quintana

CET-A Office Manager
NMDOT District 1 Crew 4117
2912 E. Pine
Deming, NM 88030
Office: (575) 544-6574
Fax: (575) 546-7370


From: Quintana, Alma, NMDOT
Sent: Friday, April 17, 2015 12:30 PM
To: Baros, Vanessa, NMENV
Cc: Torres, Brian P., NMDOT; Martinez, Jose R., NMDOT
Subject: Close Out EPA Number for CN 1101052

Hello,

Attached is the EPA forms to close out the ID number given for CN 1101052. Please feel free to contact me if you need additional information. Thank you and have a good weekend. ☺

Alma Quintana

CET-A Office Manager
NMDOT District 1 Crew 4117
2912 E. Pine
Deming, NM 88030
Office: (575) 544-6574
Fax: (575) 546-7370

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="8"/></p>		
<p>3. Site Name</p>	<p>Name: NMDOT Project Control Number 1101052, Bridge #5808 & #7387</p>		
<p>4. Site Location Information</p>	<p>Street Address: Bridge #5808 I-10 L-00021 mm0.16, Bridge #7387 NM 80 MM 32.13</p> <p>City, Town, or Village: Lordsburg, NM County: HIDALGO</p> <p>State: NEW MEXICO Country: USA Zip Code: 88045</p>		
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="2"/> C. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>B. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> D. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 2912 E. Pine St.</p> <p>City, Town, or Village: Deming</p> <p>State: New Mexico Country: USA Zip Code: 88030</p>		
<p>8. Site Contact Person</p>	<p>First Name: Brian MI: Last: Torres</p> <p>Title: PROJECT MANAGER</p> <p>Street or P.O. Box: 2912 E. Pine St.</p> <p>City, Town or Village: Deming</p> <p>State: NEW MEXICO Country: USA Zip Code: 88030</p> <p>Email: Brian.Torres@state.nm.us</p> <p>Phone: 575-544-6561 Ext.: Fax: 575-546-7370</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: NMDOT Date Became Owner:</p> <p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: 2912 EAST PINE STREET</p> <p>City, Town, or Village: DEMING Phone: 575-544-6561</p> <p>State: NM Country: USA Zip Code: 88030</p> <p>B. Name of Site's Operator: NMDOT Date Became Operator:</p> <p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- Y N **1. Generator of Hazardous Waste**
 If "Yes", mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
 - b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
 - c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

- Y N **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y N **3. United States Importer of Hazardous Waste**
- Y N **4. Mixed Waste (hazardous and radioactive) Generator**

- Y N **5. Transporter of Hazardous Waste**
 If "Yes", mark all that apply.
- a. Transporter
 - b. Transfer Facility (at your site)
- Y N **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y N **7. Recycler of Hazardous Waste**
- Y N **8. Exempt Boiler and/or Industrial Furnace**
 If "Yes", mark all that apply.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining Furnace Exemption
- Y N **9. Underground Injection Control**
- Y N **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- Y N **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
- a. Batteries
 - b. Pesticides
 - c. Mercury containing equipment
 - d. Lamps
 - e. Other (specify) _____
 - f. Other (specify) _____
 - g. Other (specify) _____

- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y N **1. Used Oil Transporter**
 If "Yes", mark all that apply.
- a. Transporter
 - b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark all that apply.
- a. Processor
 - b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

◆ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Project has been completed. Please close out EPA ID Number.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Brian Torres, Project Manager <i>BTJ</i>	04/17/15

**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**



ONLY fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of 04/06/2015 (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?



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Hazardous Waste Bureau

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Santa Fe, New Mexico 87505-6303
Phone (505) 476-6000 Fax (505) 476-6030
www.nmenv.state.nm.us**



RYAN FLYNN
Secretary

BUTCH TONGATE
Deputy Secretary

December 11, 2014

NM DOT PROJECT NUMBER 1101052, BRIDGE #5805 and #7387
2912 E. PINE STREET
DEMING, NM 88030

Attn: Brian Torres:

This is to acknowledge that, due to tracking requirements of the Environmental Protection Agency (EPA) in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), a number has been assigned for the Notification of Regulated Waste Activity for your facility site:

**NM DOT PROJECT NUMBER 1101052, BRIDGE #5805 AND #7387
BR#5805 I-10 L-00021 MM 0.16 BR#7387 NM 80 MM 32.13
LORDBURG, NM 88045**

Your EPA Identification Number for this installation is **NMR000020818**.

The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes: on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA, on all applications for a Federal Hazardous Waste Permit, and other hazardous waste reports and documents required under Sub-title C of RCRA.

Vanessa Baros
Administrator
Hazardous Waste Bureau