

BILL RICHARDSON Governor

DIANE DENISH Lieutenant Governor

### NEW MEXICO ENVIRONMENT DEPARTMENT

#### Hazardous Waste Bureau

2905 Rodeo Park Drive East, Building 1 Santa Fe, New Mexico 87505-6303 Phone (505) 476-6000 Fax (505) 476-6030

www.nmenv.state.nm.us



RON CURRY Secretary SARAH COTTRELL Deputy Secretary

#### CERTIFIED MAIL - RETURN RECEIPT REQUESTED

October 1, 2010

Ms. Vicki G. Hamilton Chief, Environmental Division Directorate of Public Works Bldg. 624 Taylor Road Fort Bliss, TX 79916

RE: 2010 ANNUAL FEE

FORT BLISS

**FACILITY EPA ID # NM4213720101** 

Dear Ms. Hamilton:

The New Mexico Environment Department (NMED) has established the 2010 Annual Fee for your facility pursuant to the Hazardous Waste Permit and Corrective Action Fee Regulations, 20.4.2 NMAC. In accordance with 20.4.2.201.A NMAC, the enclosed Tables were developed from the facility permit, Part A application, or enforceable document. The tables are formatted accordingly: 1) Table A – Hazardous Waste Management Activities; 2) Table B - Corrective Action; and 3) Table C - Summary of Units.

Enclosed is the invoice for your 2010 annual fees. Under the provisions of 20.4.2.301.C NMAC "[p]ayment shall be due within sixty (60) days of receipt of the invoice unless the facility submits to NMED a written request seven (7) days prior to the end of the sixty (60) day period and receives written approval to extend the time for payment before the date payment is due." Under the provisions of 20.4.2.302.A NMAC, "any owner or operator seeking to appeal an invoice for fees under this part must first notify the NMED in writing of the intent to appeal the invoice within thirty (30) calendar days of receipt of the invoice. The notice shall set forth the specific matters in dispute, the basis for the dispute, and any matters considered necessary for NMED's consideration. The parties shall have thirty (30) calendar days from NMED's receipt of notification to meet or confer with NMED to attempt to resolve the matters in the dispute. The secretary may extend deadlines under this section upon a determination that good cause exists. If

Ms. Hamilton October 1, 2010 Page 2

an agreement is reached resolving the dispute, NMED may issue a revised invoice and the owner and operator shall comply with the terms of such agreement and revised invoice. If an agreement is not reached, NMED shall issue a notification to all parties that an agreement has not been reached. Failure to notify NMED of an appeal in the required timeframe shall prohibit the owner and operator from appeal of the invoice."

Should you have questions concerning this Annual Fee please call John Kieling at (505) 476-6035.

Sincerely,

James P. Bearzi

Chief

Hazardous Waste Bureau

#### Attachments

cc: J. Kieling, NMED HWB

J. Valdez, NMED HWB N.Dhawan, NMED HWB

P.Stewart, NMED HWB

D.Comeau, NMED HWB

File: Reading and 2010 Annual Fee

## TABLE A Fort Bliss 2010 Annual Fee HAZARDOUS WASTE MANAGEMENT ACTIVITIES

Unit ID No. Unit Type/Description	Process	Comments	Fee	
		Total Annual Fee:	\$0.00	

## TABLE B Fort Bliss 2010 Annual Fee CORRECTIVE ACTION

	Unit	TI '. TO	Comments	Fee	
Count   ID No.		Unit Type/Description	Comments	ree	
		Rubble Pit Landfill #13 McGregor			
1	18	Range	Unspec Hazardous Waste until1983	\$750.00	
		Evaporation Pond McGregor Range			
2	19	Camp	active since 1972	\$750.00	
3	20	Open Detonation Area	active until 1960s	\$750.00	
4	25	Rubble Pit Landfill #14 Orogrande	active from 1950s to 1984	\$750.00	
5	26	Range	active 1940s to 1997	\$750.00	
		Rubble Pit Landfill #12 Dona Ana			
6	27	Range	active 1950s to 1984	\$750.00	
	†	Closed Sanitary Ldf #11 Dona Ana			
7	29	Range	active until 1945	\$750.00	
			Total Annual Fee:	\$5,250.00	

# TABLE C Fort Bliss 2010 Annual Fee SUMMARY OF UNITS

Number of Units	Unit Type	Fee		
0	Disposal	\$0.00		
0	Treatment	\$0.00		
0	Storage	\$0.00		
0	Post Closure Care	\$0.00		
0	Corrective Action Management Unit	\$0.00		
0	Temporary Unit	\$0.00		
0	Remedial Action Plan Unit	\$0.00		
7	Corrective Action	\$5,250.00		
	Total Annual Fee:	\$5,250.00		



# New Mexico Environment Department Hazardous Waste Bureau

Fort Bliss, Headquarters Environmental Division 1733 Pleasonton Rd. Bldg. 624 Fort Bliss, TX 79916 Attn: Chief Vicki G. Hamilton

Invoice # - HWB-FB-2010-AF Fort Bliss 2010 Annual Fee October 1, 2010

Quantity	Item	Item Cost	<b>Total Cost</b>
7	SWMU / AOC - First 150 units (1 to 150)	\$750.00	\$5,250.00
		Total Fees	\$5,250.00
		Adjustment	\$0.00
		Pay This Amount	\$5,250.00

Make Checks Payable to: NMED/HWB

Mail Checks and Invoice to:

**New Mexico Environment Department, HWB** 

**Attn: James Valdez** 

2905 Rodeo Park Drive East, Bldg 1

Santa Fe, NM 87505

State of New Mexico Us	e Only:
Date Received:	
Check Number:	
Amount Received:	

### Perea, Melissa, NMENV

From:

Valdez, James, NMENV

Sent:

Tuesday, February 08, 2011 9:44 AM

To:

Perea, Melissa, NMENV

Cc:

HOLTON, BRIAN, NMENV; Kieling, John, NMENV

Subject:

ACH Transaction/Wire Transfer

Attachments: HWB-FB-2010-AF.pdf

Good morning Melissa,

The wire transfer listed below should be deposited into Fund 339 HWB3391 (Permits), This \$5,250.00 Deposit ID: 0IA036009100057 received on 01/28/2011 is for Invoice # HWB-FB-2010-AF, as per your request the fee assessment is attached as a pdf.

145	4123105496	0IA036009100057	01/28/2011	169		OTHER REFERENCE: IA036009100057,DFAS-CLEVELAND GFEBS-ERP 012711 2AEG2711VFLPV, E*14*000000001 \GE*1*100083433 \IEA*1*100083433\FR, 0000066700 66700 NM ENVIRONMENT DEPARTMENT SUB ACCT, 000004945437556
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As always can you please provide me with the documentation once it is entered into SHARE.

Thanks,

James Valdez, Management Analyst

State of New Mexico Environment Department

Hazardous Waste Bureau

2905 Rodeo Park Drive East Bldg. 1

Santa Fe, NM 87505

Phone: (505) 476-6018

Fax: (505) 476-6030

James.Valdez@state.nm.us

### New Window | Help | Customize Page |



Totals | Payments

Unit: 66700 I	Deposit ID:	01A03600910	0057	Date:	02/08/2	2011	Balance:	Balance	id
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Payment Method: Elec	tronic Fund T	ransfer	.00						
Customer Information						Find   \	/iew All	First 1 o	f 1 🗓
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Name:									
Remit From:			Remit From	SetID:					
Corporate:			Corporate Se	etID:					
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