



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

JON GOLDSTEIN
Deputy Secretary

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

November 10, 2010

Sylvia A. Waggoner
Chief, Compliance Branch
DPW – Environmental Division
Department of the Army
Headquarters, U.S. Army Garrison Command
1733 Pleasonton Road
Fort Bliss, TX 79916-6816
Attention of: IMWE-BLS-PWE

**RE: FEE ASSESSMENT
POST-CLOSURE SITE INSPECTION REPORTS;
DOÑA ANA RANGE RUBBLE PIT LANDFILL (SWMU 27),
DOÑA ANA RANGE CAMP LANDFILL (SWMU 29), AND
MCGREGOR RANGE CAMP LANDFILL (SWMU 18)
FORT BLISS, EPA ID #NM4213720101
HWB-FB-10-006**

Dear Ms. Waggoner:

The New Mexico Environment Department (NMED) has received Fort Bliss's *Post-Closure Site Inspection Report for Doña Ana Range Rubble Pit Landfill (SWMU 27)*, *Post-Closure Site Inspection Report for Doña Ana Range Camp Landfill (SWMU 29)*, and *Post -Closure Site Inspection Report for McGregor Range Camp Landfill (SWMU 18)*, dated October 13, 2010 and received October 29, 2010 (Reports). NMED has accepted the submittals for review in accordance with the New Mexico Hazardous Waste Permit and Corrective Action Fee Regulations, 20.4.2.201.B(2) NMAC. NMED will review the submittals after the appropriate fees have been received. The fee invoice is attached to this letter. Upon receipt of the payment,

Ms. Waggoner
November 10, 2010
Page 2

NMED will initiate a technical review of the submittals in accordance with 20.4.2.201.B(3) NMAC.

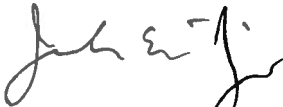
Payment is due within sixty (60) calendar days from the date that you receive the invoice in accordance with 20.4.2.301.C NMAC. If you disagree with the fee assessed, you may notify the NMED in writing, at the address above, of the intent to appeal the invoice under the provisions of 20.4.2.302.A NMAC.

If payment is by check, then you must provide the invoice number on the check. If payment is transmitted electronically, then you must submit a letter to Mr. James Valdez, NMED Hazardous Waste Bureau, indicating the invoice number, payment amount, and the assessed activity prior to transferring funds.

The Permittee is directed to notice a typographical error in the Permittee's cover letter accompanying the report. The cover letter indicated the name of the SWMU as the McGregor Range Camp Landfill instead of the Doña Ana Range Sanitary Landfill. The typographical error does not prevent NMED's review or approval of the report.

If you have any questions regarding this letter, please contact Pat Stewart at (505) 476-6059.

Sincerely,



John E. Kieling
Program Manager
Permits Management Program
Hazardous Waste Bureau

Attachment (fee invoice)

cc: J. Valdez, NMED HWB
D. Cobrain, NMED HWB
N. Dhawan, NMED HWB
P. Stewart, NMED HWB
File: Reading and Ft. Bliss (SWMUs 18, 27 and 29, 2010)
FB-10-006



**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

November 10, 2010

Invoice # - HWB-FB-10-006

Post-Closure Site Inspections of the Dona Ana Rubble Pit Landfill (SWMU 27, Dona Ana Range Camp Landfill (SWMU 29), and McGregor Range Camp Landfill (SWMU 18)

Quantity	Item	Item Cost	Total Cost
1	Periodic Monitoring Report - 1st Unit	\$2,000.00	\$2,000.00
		Total Fees	\$2,000.00
		Adjustment	\$0.00
		Pay This Amount	\$2,000.00

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 Use Only:

Date Received: _____
Check Number: _____
Amount Received: _____

Perea, Melissa, NMENV

From: Valdez, James, NMENV
Sent: Monday, July 18, 2011 9:28 AM
To: Perea, Melissa, NMENV
Cc: Kieling, John, NMENV; Cobrain, Dave, NMENV; Comeau, Dan, NMENV; Dhawan, Neelam, NMENV; HOLTON, BRIAN, NMENV
Subject: ACH Transaction/Wire Transfer
Attachments: HWB-FB-10-006.pdf

Good morning Melissa,

The wire transfer listed below should be deposited into Fund 339 HWB3391 (Permits), This \$2,000.00 Deposit ID: OIA036009100212 received on 07/12/2011 is for Invoice # HWB-FB-10-006, as per your request the fee assessment is attached as a pdf.

95	4123105496	OIA036009100212	07/12/2011	169	2000.00	OTHER REFERENCE: IA036009100212,DFAS-CLEVELAND GFBS-ERP 071111 5003488532, *000000001\GE*1*100118400\IEA*1*100118400\ 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
www.nmenv.state.nm.us/hwb/index.htm



Please consider the environment before printing.

Totals | **Payments**

Unit: 66700 Deposit ID: 0IA036009100212

[Delete Deposit](#)

*Acctg Date: 07/12/2011 

Control Currency: USD

*Bank Code: WFB10  WFB_2010

Format:

*Bank Account: MD  4123105496


Currency:

*Deposit Type: W  Wire


Rate Type:

Exch Rt: 

Totals			
Control Total Amount:	2,000.00	*Count:	1
Entered Total Amount:	2,000.00	Count:	1
Difference Amount:	0.00	Count:	0
Posted Total Amount:	0.00	Count:	0
Journalled Total Amount:	0.00	Count:	0

Control Data	
*Received:	07/18/2011 
Entered:	07/18/2011
Posted:	
Assigned:	MELISSA.PEREA
User:	MELISSA.PEREA

 Save |  Notify |  Refresh

 Add

Totals | [Payments](#)

[New Window](#) | [Help](#) | [Customize Page](#) |

Totals | **Payments**

Unit: 66700 Deposit ID: 0IA036009100212 Date: 07/18/2011 Balance: **Balanced**

Payment Information Find | View All First 1 of 1

Seq	*Payment ID	*Acctg Date	Amount	Currency	Rate Type	Exch Rt
1	HAZ WASTE	07/12/2011	2,000.00	USD	CRRNT	1.00000000

Payment Predictor
 Journal Directly
 Range of References

Payment Method: Electronic Fund Transfer

Customer Information Find | View All First 1 of 1

Cust ID: <input type="text"/>	Business Unit: <input type="text"/>
SubCustomer 1: <input type="text"/>	SubCustomer 2: <input type="text"/>
Name: <input type="text"/>	
Remit From: <input type="text"/>	Remit From SetID: <input type="text"/>
Corporate: <input type="text"/>	Corporate SetID: <input type="text"/>
MICR ID: <input type="text"/>	Link MICR

Detail References

Reference Information Customize | Find | View All | First 1 of 1

Qual Code	Reference	To Reference	Event
1			<input type="text"/>

Save Notify Refresh Add

[Totals](#) | [Payments](#)



Accounting Entries Payment Misc Work Deposit Control

Unit: 66700 Deposit ID: 0IA036009100212 Payment: HAZ WASTE Seq: 1

Amount: 2,000.00 USD

Complete Budget Status: Entry Event:

Distribution Lines Customize Find View 4 First 1 of 4 Last

GL Unit	Speed Type	Fund	Dept	Account	Sub Acct	Rpt Cat	Project	Oper Unit	Bud Ref	Class	Line Amount	Currency
1 1 66700	Speed Type	33900		139900	1399339000		(None)		912	10000	-2,000.00	USD
2 101 39401	Speed Type	33900		101950			(None)				2,000.00	USD
3 103 39401	Speed Type	33900		101900			(None)				-2,000.00	USD
4 104 66700	Speed Type	33900		101900			(None)				2,000.00	USD

4 Lines Total Debits: 4,000.00 Currency: USD Total Credits: 4,000.00 Currency: USD Net 0.00

Save Return to Search Previous in List Next in List Notify Refresh

Accounting Entries | Payment Misc Work | Deposit Control