



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

October 1, 2009

Mr. Neil Smith
EH & S Manager, SW Region
Safety-Kleen Systems, Inc.
6625 W. Frye Road
Chandler, Arizona 85226

**RE: 2009 ANNUAL FEE
SAFETY-KLEEN FARMINGTON FACILITY
FACILITY EPA ID #NMD980698849**

Dear Mr. Smith:

The New Mexico Environment Department (NMED) has established the 2009 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.

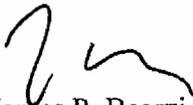
Enclosed is the invoice for your 2009 annual fees. Under the provisions of 20.4.2.301.C NMAC “[p]ayment shall be due within sixty (60) days of receipt of the invoice unless the facility submits to NMED a written request seven (7) days prior to the end of the sixty (60) day period and receives written 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

Mr. Smith
October 1, 2009
Page 2

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 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
D. Strasser, NMED HWB
File: Reading and 2009 Annual Fee

TABLE A
Safety-Kleen Farmington 2009 Annual Fee
HAZARDOUS WASTE MANAGEMENT ACTIVITIES

Unit ID No.	Unit Type/Description	Process	Comments	Fee
1	Container Storage	SO1-Container Storage		\$2,000.00
2	Solvent Storage Tank	SO2-Tank Storage		\$2,000.00
			Total Annual Fee:	\$4,000.00

TABLE B
Safety-Kleen Farmington 2009 Annual Fee
CORRECTIVE ACTION

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

TABLE C
Safety-Kleen Farmington 2009 Annual Fee
SUMMARY OF UNITS

Number of Units	Unit Type	Fee
0	Disposal	\$0.00
0	Treatment	\$0.00
2	Storage	\$4,000.00
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
0	Corrective Action	\$0.00
Total Annual Fee:		\$4,000.00



**New Mexico
Environment Department
Hazardous Waste Bureau**

**Safety Kleen Systems Inc.
6625 W. Frye Rd
Farmington Facility
Chandler, AZ 85226
Attn: Neil Smith**

October 1, 2009

**Invoice # - HWB-SKFA-2009-AF
Safety-Kleen Farmington Facility Annual Fee**

Quantity	Item	Item Cost	Total Cost
2	Storage Unit	\$2,000.00	\$4,000.00
		Total Fees	\$4,000.00
		Adjustment	\$0.00
		Pay This Amount	\$4,000.00

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: _____