



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](http://www.nmenv.state.nm.us)**



RON CURRY  
Secretary

JON GOLDSTEIN  
Deputy Secretary

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

October 1, 2008

Mr. Keith Landreth  
Attn: ATZC-DOE (Landreth)  
Bldg. 624  
1733 Pleasonton Road  
Fort Bliss, Texas 79916-6812

**RE: 2008 ANNUAL FEE  
FORT BLISS- FACILITY EPA ID # NM4213720101**

Dear Mr. Landreth:

The New Mexico Environment Department (NMED) has established the 2008 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 2008 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 an agreement is reached resolving the dispute, NMED may issue a revised invoice and the owner

Mr. Landreth  
October 1, 2008  
Page 2

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  
C. Frischkorn, NMED HWB  
File: Reading and 2008 Annual Fee

**TABLE A**  
**Fort Bliss 2008 Annual Fee**  
**HAZARDOUS WASTE MANAGEMENT ACTIVITIES**

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

**TABLE C**  
**Fort Bliss 2008 Annual Fee**  
**SUMMARY OF UNITS**

<b>Number of Units</b>	<b>Unit Type</b>	<b>Fee</b>
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  
U.S. Army Garrison Command  
1733 Pleasonton Rd. Bldg. 624  
Fort Bliss, TX 79916  
Attn: Keith Landreth

October 1, 2008

Invoice # - HWB-FB-2008-AF

Fort Bliss Annual Fee

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

**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: \_\_\_\_\_



## myInvoice Detail Report

December 9, 2008

**CONTRACT:** REIM2W09UNEWMI

**STATUS:** PAID

**DELIVERY ORDER:** 0565

**INVOICE:** HWBFB2008AF

**REASON:**

**SHIPMENT:**

**CLIN:**

**REMARKS:**

**FUEL LIFT DATE:**

**ACRN:**

**INVOICE AMOUNT:** 5,250.00

**QUANTITY PAID:**

**UNIT PRICE:**

**FREIGHT:** 0.00

**INTEREST:** 0.00

**UM:**

**ISSUE DATE:** 10/01/08

**DISCOUNT:** 0.00

**TAX WITHHELD:** 0.00

**RECEIVED DATE:** 10/01/08

**ACCEPTANCE DATE:** 10/24/08

**ADJUSTMENT1:** 0.00

**ADJUSTMENT2:**

**LAST ACTION DATE:**

**PAYMENT DUE DATE:** 11/23/08

**INVOICE AMOUNT PAID:** 5,250.00

**CHECK/EFT AMOUNT:** 5,250.00

**ACTUAL PAYMENT DATE:** 11/19/08

**VOUCHER NUMBER:** 179261

**INTEREST REASON:**

**ADJUSTMENT REASON1:**

**TRACE NUMBER:** 074036080774

**ADJUSTMENT REASON2:**

**CAGE:** 1JDR3

**CHECK NUMBER:**

**CURRENCY:** US DOLLARS

**DUNS:** 808561658

**ACCOUNT NUMBER:** 4489

**PROCESSING SITE:** INDIANAPOL

**DSSN:** 5570

**PAYEE NAME:**

**ADDRESS:**

**VOUCHER REMARKS:**

---

<b>Totals</b>	<b>Payments</b>
---------------	-----------------

Unit: 66700      Deposit ID: 902523008453951      [Delete Deposit](#)

*Acctg Date:	11/19/2008	Control	USD
*Bank Code:	BOA D       BOA MD	Currency:	USD
*Bank Account:	6671       004276144893	Format Currency:	USD
*Deposit Type:	W       Wire	Rate Type:	ORSN
		Exch Rt:	1.00000000

Totals			
Control Total Amount:	5,250.00	*Count:	1
Entered Total Amount:	5,250.00	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:	11/20/2008
*Entered:	11/20/2008
Posted:	
Assigned:	MELISSA.PEREA
User:	MELISSA.PEREA

Save    Notify    Refresh


Add

Totals | [Payments](#)

Totals | **Payments**

Unit: 66700      Deposit ID: 902523008453951      Date: 11/20/2008      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	11/19/2008 	5,250.00	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: 	Business Unit: 
SubCustomer 1:	SubCustomer 2:
Name:	
Remit From:	Remit From SetID:
Corporate:	Corporate SetID:
MICR ID: 	Link MICR

Detail References

Reference Information <span style="float: right;">Customize   Find   View All   </span>			
Qual Code	Reference	To Reference	Event
1			 

 Save     Notify     Refresh  Add

Totals | Payments



PeopleSoft

New Window | Help | Customize Page | Saved

Accounting Entries | Payment Misc Work | Deposit Control

Unit: 66700 Deposit ID: 902523008453951 Payment: HAZ WASTE Seq: 1

Amount: 5,250.00 USD

Complete Budget Status: Entry Event:

Distribution Lines												
GL Unit	Speed Type	Fund	Dept	Account	Sub Acct	Bud Cat	Project	Oper Unit	Bud Ref	Class	Line Amount	Currency
1	1 66700	Speed Type	33900	139900	1399338000		(None)		909	80000	-5,250.00	USD
2	101 66700	Speed Type	33900	101939			(None)				5,250.00	USD

2 Lines Total Debits: 5,250.00 Currency: USD Total Credits: 5,250.00 Currency: USD Net 0.00

Save Return to Search Next in List Notify Refresh

Accounting Entries | Payment Misc Work | Deposit Control