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State of New Mexico  
**ENVIRONMENT DEPARTMENT**  
Drinking Water Bureau Albuquerque Area Office  
4131 Montgomery Boulevard, NE Suite 4123  
Albuquerque, New Mexico 87109  
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(505) 884-9254 fax



**ENTERED** PETER MAGGIORE  
SECRETARY  
PAUL R. RITZMA  
DEPUTY SECRETARY

GARY E. JOHNSON  
GOVERNOR

July 26, 2000

Lee/Hammond Water Treatment Plant Cooperative (WSS# 006-24)  
Norman Norvelle  
5649 US Hwy 64  
Farmington, NM 87401

Dear Mr Norvelle:

Enclosed is a copy of the Sanitary Survey Report for the Lee/Hammond Water Treatment Plant Cooperative water system conducted March 03, 1999 by Charles Peterson and Pat Klock of the NMED. Mr. Norman Norvelle and Mr. Nick Ashcroft of Lee Acres and West Hammond Water Systems, accompanied NMED staff. The purpose of the survey is to evaluate the adequacy of the water system's sources, treatment, storage, operation and maintenance, and overall management for reliably producing safe drinking water.

During the course of the survey, several regulatory deficiencies were discovered.

Deficiencies negatively impact the Lee/Hammond Water Treatment Plant Cooperative's ability to reliably provide and distribute safe drinking water and should be taken seriously. The Lee/Hammond Water Treatment Plant Cooperative must submit a response to NMED outlining the time frame for correction of these deficiencies.

For more detailed information on these deficiencies and the other findings of this survey, please refer to the enclosed Sanitary Survey Report. I thank you for your cooperation during the survey. If you have any questions, please call me at (505) 841-9474. If you require assistance with developing actions to correct these deficiencies, you may call this office, or the Drinking Water Bureau, Technical Assistance Program in Santa Fe at (800) 654-8721.

Sincerely,  
*Angela Faye Cross*  
Angela Faye Cross  
Water Resource Engineering Specialist

cc: District I Office  
NMED-DWB Central File  
Albuquerque Area Office File  
Charles Peterson, Field Operations Division - Farmington Office



**New Mexico Environment Department  
Drinking Water Bureau**



**SANITARY SURVEY REPORT**

**Lee/Hammond Water Treatment Plant Cooperative**

**WSS # 006-24**

**December 22, 1999**

## INTRODUCTION

The purpose of a sanitary survey is to evaluate and document the ability of the water system to continually provide safe drinking water. This is accomplished by analyzing the capabilities of the water system's sources, treatment, storage, distribution network, operation and maintenance, and overall management and by identifying any deficiencies that may adversely impact a public water system's ability to provide a safe, reliable water supply. Conducting sanitary surveys on a regular basis is the best means of identifying potential problems and possible reasons for trends in finished water quality and demand that may need to be addressed by enhanced O & M or a system upgrade. Sanitary surveys play a fundamental role in ensuring that reliable and safe drinking water is provided to the public by public water systems.

## SYSTEM DESCRIPTION

The Lee/Hammond Water Treatment Plant Cooperative sells water to Lee Acres and West Hammond Water Systems. Lee/Hammond Water Treatment Plant Cooperative serves a population of approximately 9000 between the two systems that purchase water from the treatment plant. The plant system consists of a raw water intake and pump station adjacent to the San Juan River, a 20+ MG raw water reservoir, a dual train package conventional treatment plant (0.5 MGD/train capacity) with the ability to add three different treatment chemicals ahead of each train, gas chlorination ahead of the finished water clearwell.

## REGULATORY DEFICIENCIES

Regulatory deficiencies are deficiencies resulting from non-compliance with a portion of the Safe Drinking Water Act, the New Mexico Drinking Water Regulations or, in this case, OSHA regulations. Failure to comply with these standards indicates that your water system is not providing "reliable and safe drinking water" or that there is an unsafe work environment that could cause an interruption in the provision of "reliable and safe drinking water". The Lee/Hammond Water Treatment Plant Cooperative water system must respond to the following deficiencies within 45 days of receipt of this document, outlining the timeframe in correcting said deficiencies.

- There were no Safe Drinking Water Act regulatory deficiencies noted for the Lee/Hammond Water Treatment Plant Water Cooperative.

## SANITARY DEFICIENCIES

Sanitary deficiencies are deficiencies which may negatively impact the Lee/Hammond Water Treatment Plant Cooperative water system's ability to reliably produce and distribute safe drinking water, but which are NOT regulatory. Based on this, no action plan is required, although it is strongly recommended that these deficiencies be corrected.

- There is no laboratory equipment for monitoring the pH, temperature, conductivity/TDS or alkalinity of the water. All these elements influence the amount of chemical dosage necessary to provide adequate treatment. The operators are experimenting with various chemicals to optimize the performance of the plant and without any laboratory equipment it is difficult, if not impossible, to estimate the proper dosage to be applied. This also influences the compliance with the Lead/Copper Rule. The finished water may be corrosive and dissolve excess amounts

of lead and copper from piping components in the system and cause a violation of the regulation.

- It appears that there may be some excess floc “carryover” due to sludge blanket build-up in the sedimentation area of the south treatment train. The Technical Assistance Group would like to offer a Comprehensive Performance Evaluation to assist the operators in identifying problem areas of the plant in order to optimize performance.

#### **OTHER REGULATORY DEFICIENCIES:**

During the Sanitary Survey inspection, certain deficiencies were noted that may constitute violations of regulations other than the Safe Drinking Water Act. Please check with the appropriate NMED bureau for assistance in rectifying these deficiencies. A copy of this report is being sent to the appropriate NMED Bureaus. Please contact Debra McElroy of the NMED OSHA Bureau, at (505) 827-4230 for assistance with OSHA issues and Lang Weaver of the NMED Air Quality Bureau, at (505) 827-0031 for assistance with Clean Air Act issues.

- OSHA Regulations 29 CFR Section 5 (a)(1) General Duty Clause, states “...*must provide workplace that is safe from recognized hazards*”. **Chlorine gas is a toxic, hazardous gas. The chlorine gas ventilation discharge is directly adjacent to one of the air intakes for the main building and is upwind from the main entrance/exit of the treatment building. This is a direct violation of the OSHA regulation and must be corrected.**
- OSHA Regulations 29 CFR Section 1910.151 (c) Exposure to corrosive materials, states “...there must be suitable facilities for quick drenching or flushing of eyes and body within the work area for immediate emergency use. Facilities must be less than 10 seconds away, with potable water free of contaminants. If plumbed, flush lines 2 to 3 minutes each week. Water shall be cold or temperate only.” **The emergency shower is not immediately accessible from the Chlorination room. A second emergency shower should be installed adjacent to the Chlorination room.**
- OSHA Regulations 29 CFR Section 1910.38 Emergency Response Plan states “Any facility which utilizes toxic and/or corrosive materials shall have a written Emergency Response Plan”. **An Emergency Response Plan must be developed which includes spill or leak containment information and should be practiced a least once a year with the Fire Department.**
- 40 CFR Part 68 – Risk Management Plan – Clean Air Act limits emissions of toxic chemicals. As interpreted, this regulation requires the installation of a scrubbing system to remove any gaseous Chlorine, which could be released if a tank should leak, or a fitting break. **There is no chlorine scrubber. A properly sized scrubber must be installed to comply with the regulation that limits the emission of toxic gases. There are several different scrubbing liquids which may be used. The scrubbing liquid selection will influence the size of the unit required. The Lee/Hammond Water Treatment Plant Cooperative will have to install a scrubber capable of absorbing 4,000 pounds of chlorine.**

## MANAGEMENT

The following are recommendations, which were based on answers made on the sanitary survey, under the section MANAGEMENT.

- It is recommended that jar test equipment be purchased so that the tests that will be required for compliance with the Disinfection Byproducts Rule can be run. Additionally, the system should budget to purchase equipment for the analysis of Total Organic Carbon. Hach has developed a colorimetric method which is considerably less costly to run than the previous methods.
- As of October 1999, all community water systems are required to submit an annual water quality report, or Consumer Confidence Report. This EPA requirement requires you make the report available to your consumers as well as providing a copy to the Drinking Water Bureau. Contact Ron Romero of the NMED Drinking Water Bureau at (877) 654-8720 ext.1010 for information as well as obtaining a template for developing your report. You may also obtain a free CD by calling the EPA Safe Drinking Water Hotline at 1-800-426-4791 and requesting the "CCRWriter" version 1.5.

## OTHER RELATED DRINKING WATER PROGRAMS

### Source Water Protection

During the review, it was noted that the Lee/Hammond Water Treatment Plant Cooperative Water System does not have a Source Water Protection Plan. A source water protection plan is a voluntary program that can provide assistance towards protecting your water source from existing and potential sources of contamination and can help provide a plan for development of an alternate water supply if the existing supply becomes contaminated. If you would more information regarding Source Water Protection, please contact Jennifer Wellman of the NMED Drinking Water Bureau, in Santa Fe, at (505) 827-1400, ext. 1012.

## NEW REGULATIONS

During the review it was noted that the Lee/Hammond Water Treatment Plant Cooperative water system does not perform routine jar testing. Under the proposed Disinfection Byproducts Rule, there may be a requirement for mandatory Jar Testing followed by Total Organic Carbon Analysis to verify organic removal in the coagulation and sedimentation process. If you would like more information on the Disinfection Byproducts Rule, please contact the Technical Assistance Program, in Santa Fe, at (877) 654-8721.

## CONCLUSION

In conclusion, the Lee/Hammond Water Treatment Plant Cooperative water system is adequately operated and maintained, and our records indicate no bacteriological violations in the past year. However, during the course of the survey, the following regulatory deficiencies were discovered.

- **Improper venting of the chlorination room.**
- **Lack of an Emergency shower/eyewash within 10 seconds of the Chlorination room.**
- **Lack of a chlorine gas scrubber.**

These deficiencies negatively impact the Lee/Hammond Water Treatment Plant Cooperative water system's ability to reliably provide safe drinking water and should be taken seriously. The Lee/Hammond Water Treatment Plant Cooperative must respond to these deficiencies with the NMED Bureau responsible for such regulatory oversight.

It is also recommended that laboratory equipment be included in the budget and purchased as soon as the money is available in order to be able to optimize the process to meet the more stringent finished water requirements in the upcoming Enhanced Surface Water Treatment Rule.

It is recommended that you review the enclosed sanitary survey form and comments in this report for accuracy. If inaccurate information is listed, please notify Angela Cross of the Albuquerque DWB office at (505) 841-9474, within 30 days of receipt of this report.

cc: Angela Cross, WRES1  
District I Office  
Jennifer Wellman  
Andy Edmondson  
File



# NMED - Drinking Water Bureau



## General Information

WSS #: 00624		<input checked="" type="checkbox"/> Community System		Owner Type:		Date: 12/22/99					
		<input type="checkbox"/> Nontransient Noncommunity System		Seasonal (Y/N): N		Service Area Type: OA					
WSS Name: Lee/Hammond		Water Treatment Plant Cooperative		Begin:		End:					
Owner: Lee/Hammond Water		Treatment Plant Cooperative		Street / P.O. Box		414 Road 5500					
Water Supply System Address:		Street / P.O. Box 5649 US Hwy.64		Owners Mailing Address:		City: Bloomfield					
		City: Farmington				State: NM		State: NM			
		State: NM				Zip: 87401		Zip: 87413			
		Phone Number				Fax Number		Phone Number:		Fax Number:	
		(505)325-8317				(505)326-6756		E-mail:			
County Name		San Juan		FIPS County Number		45					

Classifications		Production				Legal Identities	
Treatment Classification	IV	Population Served	9000	Maximum Source Production (MGD)	1.0 MGD	State Corporation Commission #	1922889
Distribution Classification	N/A	Number Connections	2	Maximum System Capacity (MGD)	1.0 MGD	State Engineer Water Right Permit #	4728
Operator Classification	IV, III, II	No. Meters	2	Average Daily Demand (MGD)	0.7 MGD	Water Rights Acre-ft/year	Declared, Adjusted, or licensed
# of Certified Operators	4	Average Residential Monthly Bill	N/A	Peak Daily Demand	0.9 MGD		Permitted
		# Days/Year System without Water	0	Storage Capacity	0.5 MG		

Source Type(s)	Number	% Total Production	Source Type(s)	Number	% Total Production
Wells			Surface Intake (Lake or Reser.)		
Infiltration Galleries			Surface Intake (Stream or River)	1	100
Purchased Surface			Springs		
Purchased Ground					
If Purchased Water =>	Sellers Code #		Sellers Name		

Does the system maintain as-built drawings?	Yes	Does the system have a safety program?	Yes
Does the system have standard operating procedures?	Yes	Does the system have a preventative maintenance program?	Yes
Does the system have any form of construction standards?	No	Does the system have a cross connection control plan?	Yes
Does the system employ or contract a trained sampler?	Yes	Does the system have an official flushing plan?	N/A
Does the system have a corrosion control plan?	N/A	Does a formal valve inspection and exercising program exist?	N/A
Does the system test according to the TCR Rule?	Yes	Does the system test for DPB?	N/A

Reviewed By: (Initials)	Date:	Engineering Review: (initials)	Date:
Information Furnished By: Norm Norvelle/Nick Ashcroft		Prepared By: Pat Klock/Joe Herrera	



# NMED - Drinking Water Bureau

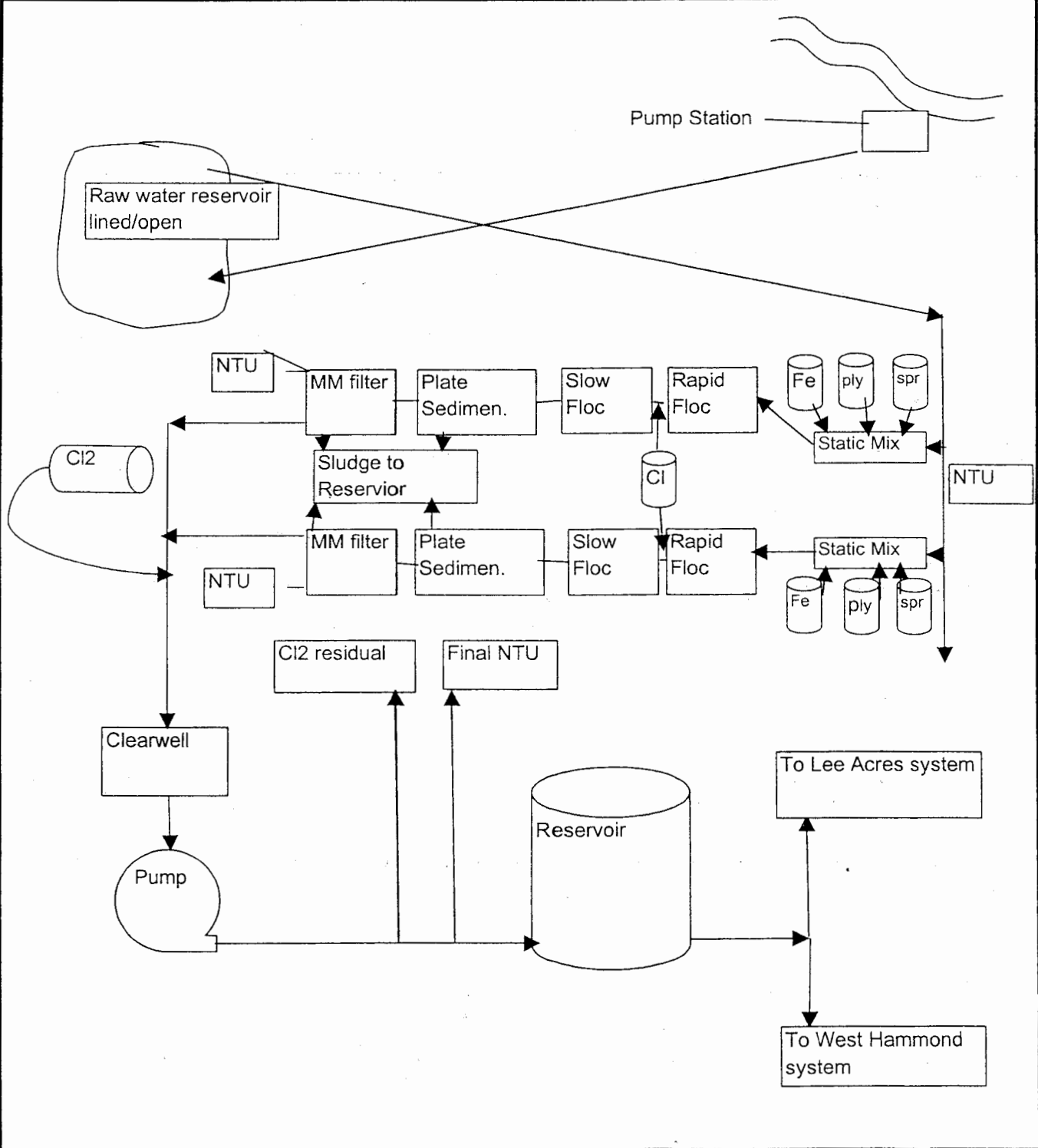
## Sanitary Survey Form



### Treatment Schematic

WSS #: "00624

Date: 12/22/99







# NMED - Drinking Water Bureau

## Sanitary Survey Form



### Surface Source Information

WSS #	00624		Date:	12/22/99
Water Supply System Name:		Activity Status Code:	Water Type Code:	
Lee/Hammond Water Treatment Plant Cooperative		A	SW	
Water Supply Facility Name:		WSF ID (Source ID)	Facility Type Code:	
Raw Water Reservoir			RS	
			Availability Code:	
			P	
Latitude	Longitude	SEO Permit #:	Entry Point:	
		4728	NO	

<input type="checkbox"/> Organic Removal	Method Used	<input type="checkbox"/> Disinfection	Method Used	<input checked="" type="checkbox"/> No Treatment	Method Used
<input type="checkbox"/> Particulate Removal	Method Used	<input type="checkbox"/> Iron	Method Used	<input type="checkbox"/> Disinfection By-products Control	Method Used
<input type="checkbox"/> Radionuclide Remov.	Method Used	<input type="checkbox"/> Inorganic	Method Used	<input type="checkbox"/> Corrosion Control	Method Used
<input type="checkbox"/> Manganese Removal	Method Used	<input type="checkbox"/> Fluoridation	Method Used	<input type="checkbox"/> Taste/Odor Control	Method Used
Other Treatment:					

Reservoirs and Streams		Springs and Infiltration Galleries	
Surface Area of reservoir? (Acres)	7.7 Ac	Type of collection pipe?	
Average reservoir depth? (ft.)	20	Depth of cover? (ft.)	
What is the approximate turnover date(s)?	Nov	Is liner present?	
Is any treatment done in reservoir?	Yes	Maximum spring prod.? (ft <sup>3</sup> /sec)	
If yes, what type?		General Surface Water	
Copper Sulfate - broadcast		Are turbidities properly collected and reported?	
Average River (stream) flow? (ft <sup>3</sup> /sec)		Yes	
Is the intake structure properly constructed?	Yes	Is the watershed protected?	No
Are there multiple intakes at different depths?	Yes	Is there an emergency spill plan?	Yes
What is the frequency of intake inspections?	Weekly	Is site security adequate?	Yes
Is highest quality water being used?	Yes	Can wind directions affect water quality?	No
Is a liner present?	Yes	Can ice formations affect water quality?	No
If yes, what type?			
HDPE		Do changing water currents affect water quality?	
		No	

Comments:  
 Intake on river is at one level, pumps to reservoir which has three level intake to treatment plant



# NMED - Drinking Water Bureau

## Sanitary Survey Form



### Conventional Treatment

WSS #	00624	Date:	12/22/99
Water Supply System Name:		Water Supply Facility Name:	
Lee/Hammond Water Treatment Plant Cooperative		Treatment Plant	
Entry Point? (Y/N)	N	Conventional Treatment	Sample Point? (Y/N) Yes
<b>Coagulation</b>		<b>Sedimentation</b>	
Is a coagulant used at all times the plant is in operation?	Yes	Number of sedimentation basins	2
Is there process control for coagulate addition?	Yes	Size of sedimentation basins	2.8gpm/sf
Is the rapid mix process adequate?	Yes	Type of sedimentation basins: plug flow/inclined plate	
TOC Influent:		Is short circuiting occurring during sedimentation?	No
TOC Effluent:		Is turbulence occurring in sedimentation basins?	No
How often are jar tests conducted?	None	Are baffles present in sedimentation basins?	Lamella/ 60% incline
<b>Flocculation</b>		Is there even flow over the weirs?	Yes
Number of flocculation basins?	2	Is sludge removed on a routine basis?	Yes
Size of flocculation basins? (ft <sup>2</sup> )	912	<b>Backwash</b>	
Type of flocculation basins: Paddle, step rate		Is a surface wash present?	Air
Is short circuiting occurring dur. flocculation?	No	Does the surface wash adequately break up surface mat?	Yes
Is a large amount of floc entering the sedimentation basin?	Yes	What initiates backwash?	Turb, time, headloss
Is floc formation and size adequate?	Yes	What is the flowrate during Backwash? (ft <sup>3</sup> )	15gpm/sf
Are flocculators adjustable?	Yes	What is the length of backwash? (hr.)	15
What is the G value?		During backwash is media expanded 25%?	Yes
<b>Filtration</b>		Are mudballs present?	No
Type of filtration media?	Multi	Is surface layer of sand manually cleaned on a regular basis?	No
Number of filters?	2	Is there sand in the clearwell?	Some
Number of turbidimeters?	2		
Are turbidimeters calibrated?	Yes		
Date of last calibration?	Feb-99		
Flow rate through filter? (ft <sup>3</sup> /sec)	365 gpm		
Head loss through filter? (psi)			
Are rapid fluctuations present in the flow through the filter?	No		

Comments:  
 Automated package plant. Produces good effluent. Turbidimeters are located so that they read the backwash and filter to waste. They should be relocated or taken off line during the backwash cycle.



**NMED - Drinking Water Bureau**  
Sanitary Survey Form



**Gas Chlorine Checklist**

WSS #	00624	Date	12/22/99
Is a method for leak detection present?			Yes
Have automatic detectors been tested recently?			Yes
What is the detector setting?			
Is the chlorination equipment properly contained?			Yes
Is the chlorination room vented properly?			NO
Does the chlorination room door open out with a panic bar?			NO
Are cross connections present in the chlorination room?			NO
Is the alarm tied to interruptions in the chlorine feed?			Yes
Does the chlorine system have automated feed rate and chlorine residual monitor?			Yes
If more than one gas cylinder, is there an automatic switchover between tanks?			Yes
Are the cylinders on a working scale?			Yes
Is a wrench in place on open gas cylinders?			Yes
Are all gas cylinders properly marked and restrained?			Yes
Is ammonia available for testing leaks?			Yes
Are there adequate leak containment provisions?			NO
Are safe practices followed during cylinder repair and replacement?			Yes
What type of respiratory protection is provided?		SCBA	
How many individuals are present during cylinder repair or replacement?			2
Is an emergency plan in place?			NO
How long since the emergency plan was last practiced?			N/A
What is the operating condition of the chlorinator?			Vacuum
Is appropriate lighting, guardrails, etc. in place?			Yes



# NMED - Drinking Water Bureau

## Sanitary Survey Form



### Water Treatment Methods

WSS # 00624 Date: 12/22/99

Water Supply System Name: Lee/Hammond Water Treatment Plant Cooperative  
 Water Supply Facility Name:

Disinfection	
Entry Point? (Y/N)	Y
Sample Point? (Y/N)	
Treatment Method	Dosage
<input type="checkbox"/> Ozone	
<input type="checkbox"/> Ultraviolet	
<input type="checkbox"/> Gas Chlorination	
<input checked="" type="checkbox"/> Chlorination	5ppm
<input type="checkbox"/> Chlorine Dioxide	
<input type="checkbox"/> Other	

pH and Residuals	
Is pH and temperature of water routinely recorded?	No
What is the average pH of the water?	raw 7.7-8.1, fin 7.2
Is correct reagent used for residual samples?	Yes
What residual is maintained mg/L?	> 0.7
Is contact time adequate?	Yes
Have any interruptions in disinfection occurred?	No

Hypochlorination	
Entry Point (Y/N)	
Sample Point (Y/N)	
What type of hypochlorite is used?	
Is solution tank covered?	
Is there adequate spill containment provisions?	
Are safe practices followed during chemical handling and mixing?	

Bag and Cartridge Filtration	
Entry Point (Y/N)	
Sample Point (Y/N)	
Type of pretreatment:	
Size of First Unit?	
Size of Second Unit?	
Average time between filter replacements?	
Shortest time between filter change?	
Yearly high raw water turbidity? (NTU)	
Yearly low raw water turbidity? (NTU)	
Are housing and filter same manufacturer?	
Is a challenge study on file?	

Reverse Osmosis	
Entry Point (Y/N)	
Sample Point (Y/N)	
Performance Testing	Performance Factors
<input type="checkbox"/> TDS	Feed rate for scale inhib.:
<input type="checkbox"/> pH	Chlorine residual:
<input type="checkbox"/> Temperature	Acid feed rate:
<input type="checkbox"/> Turbidity	Cleaning solution rate:
Alkalinity:	
Type of cleaning solutions:	

Membrane Filtration	
Entry Point (Y/N)	
Sample Point (Y/N)	
Membrane Type	Type of Pretreatment
<input type="checkbox"/> Nanofiltration (>.001 micron)	<input type="checkbox"/> Screen
<input type="checkbox"/> Ultrafiltration (>.01 micron)	<input type="checkbox"/> Suspended solid removal
<input type="checkbox"/> Microfiltration (>.1 micron)	<input type="checkbox"/> Microorganism removal
<input type="checkbox"/> Reverse Osmosis (<.001 micron)	<input type="checkbox"/> Colloid removal
Fouling rate of filter:	Life of membrane:
Percent recovery:	Cleaning freq.:
Are valves and plumbing in good condition?	

Water Softeners	
Entry Point (Y/N)	
Sample Point (Y/N)	
What is the loading rate during softening (gpm/ft <sup>2</sup> )?	
How often does backwash occur?	
What is the backwash flow rate (gpm/ft <sup>2</sup> )?	
What is the regeneration flow rate (gpm/ft <sup>3</sup> )?	
What is the regeneration contact time (min)?	
What is the rinse flow rate (gpm/ft <sup>2</sup> )?	
What amount of water is used for rinsing (gal)?	

Greensand Filters	
Entry Point (Y/N)	
Sample Point (Y/N)	
What is the depth of the anthracite cap?	
Is chlorination or aeration done prior to potassium permanganate addition?	
Is potassium permanganate addition fed as far in advance of the filter as possible?	
Are provisions present for air-backwash?	
Are sample taps present and used for monitoring permanganate?	

Comments:



# NMED - Drinking Water Bureau

## Sanitary Survey Form



### Storage

WSS # "00624 Date: 1/4/99

Water Supply System Name: Lee/Hammond Water Treatment Plant Cooperative  
 Water Supply Facility Name: Finished Water Reservoir

#### Storage Facilities

Reservoir Name:		Date Constructed:	1983	External Condition:	Good
Sample Point (Y/N)		Date Rehabilitated:	?	Average Det. Time (days):	>1
Entry Point #:		Cathodic Protection (Y/N):	NO	Is air vent screened (Y/N):	Yes
Type of material:	Steel	Internal Condition:	?	Adequate site security (Y/N):	Yes
Capacity (MG):	0.5	Type of internal paint:		Overflow Screened (Y/N):	Flap

Type of tank (floating or direct pump):	Direct	Cathodic access panels sealed (Y/N)?	
Is storage capacity adequate (Y/N):	Yes	Is the access hatch properly designed and constructed?	Yes
Do overflow lines and drain lines terminate 12 to 18" above grade (Y/N)?	No		
Are all splash pads provided for overflow and drain (Y/N)?	Yes	Is access hatch locked (Y/N)?	Yes
Is tank structurally sound (Y/N)?	Yes	Are roof penetrations for indicator properly sealed (Y/N)?	Yes
Does tank have adequate rise and fall (Y/N)?	Yes	Are air vents a minimum of three diameters above storage tanks surface (Y/N)?	Yes
Is or can short circuiting occur (Y/N)?	No	Does level indicator work properly (Y/N)?	Yes
Is routine inspection and maintenance conducted on tanks (Y/N)?	Yes	Can storage tank be isolated from system (Y/N)?	Yes

#### Pressure Tanks

Tank ID:		Is an air compressor present (Y/N)?	
Volume (Gallons):		Is a booster pump attached (Y/N)?	
Age (Years):		Horsepower of booster pump:	
Exterior Condition:		Booster pump capacity:	
Cycle Rate:		Operational settings (high & low):	
Air/Water Ratio:		Are pressure tank controls and instruments in working order (Y/N)?	
Is lowest pressure setting adequate to maintain system pressure (Y/N)?		Is pressure tank size adequate to maintain system pressure (Y/N)?	
		Is pressure tank pumping capacity adequate (Y/N)?	

Comments:  
 This tank serves as a forebay to the two systems which purchase water from the WTP. Lee Acres and West Hammond both have additional storage.





# NMED - Drinking Water Bureau

## Sanitary Survey Form



### Management Information

WSS #: 00624 Date: 12/22/99

WSS Name: Lee/Hammond Water Treatment Plant Cooperative Water Supply Facility Name: Not Applicable

Financial Information	Misc. System Information
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Does the system have and maintain annual operating budget?	Yes	Is management familiar with SDWA regulations?	Yes
Does the system have and maintain formalized monthly financial statements?	Yes	Does the system maintain records according to Subpart IV of NMED Regs.?	Yes
Does the system have and maintain an annual financial report?	Yes	Does the system test for contaminants according to NMED Regulations?	Yes
Does the system have and maintain formalized monthly billing statements?	Yes	Are test results available for public review?	Yes
Does the system maintain funding for emergency repairs?	Yes	Does the system publish public notifications when notified of violations?	Yes
What percentage of budget is reserved for emergencies?	No Set Amount	Does the system have and maintain annual water quality reports?	N/A
What percentage of monthly income is directed to revenue fund?	No Set Amount	Are customer water quality complaints recorded?	Yes
What is the cost per 4000 gallons?	1.49/1000	Does the system maintain an updated list of critical customers?	N/A

Water system planning	Personnel Information
-----------------------	-----------------------

Does the system know and understand what problems are present w/in the sys?	Yes	Does the system understand the water conservation fee?	Yes
Has management prioritized repair or replacement of deficiencies?	Yes	Does the system pay the water conservation fee?	Yes
Is a written emergency plan established and workable?	No	Is there effective communication between the system mgt., operators, and NMED DWB?	Yes
Does the system have a written water conservation plan?	Charge Basis	<b>Personnel Information</b>	
Is a system development master plan present and up to date?	N/A	What is the systems current staffing level?	4
Has a source water protection plan been implemented?		What is the system optimum staffing level?	4
Can the operations staff make required operational decisions?	Yes	Is a registered engineer an employee of the system?	No
Can the operations staff make required administrative decisions?	Yes	Is operations staff adequately trained?	Yes
Can the operations staff make required maintenance decisions?	Yes	Is administrative staff adequately trained?	Yes
<del> </del>		Does the board of directors have adequate knowledge of the system?	Yes
<del> </del>		Do all positions have a job description?	Yes

#### Key System Personnel

Name	Title	Phone #	Certification Level	Comments
Norman Norvelle	Chief Operator/Contact	325-8317	IV	
Nick Ashcroft	Chief Operator/Contact	632-2985	III	
Jim Renfro	Operator	325-8317	II	
Mike Pavey	Operator	632-2985	II	
George Riley	Registered Agent			414 Road 5500 Bloomfield NM 87413
Randy Sussex	Vice President			
Keith Lee, Director	John Mailee, Director			Doug Mize, Director