

**QUALITY ASSURANCE PROJECT PLAN
FOR
SANITARY SURVEYS OF PUBLIC WATER SYSTEMS

2021-2024**



**Drinking Water Bureau
New Mexico Environment Department**

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FOR
SANITARY SURVEYS OF PUBLIC WATER SYSTEMS
2021-2024

Drinking Water Bureau
New Mexico Environment Department

APPROVAL PAGE

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Appendix – Sanitary Survey Report Documents

NMED Sanitary Survey Checklist
Notice of Upcoming Sanitary Survey Letter Template
PWS Failure to Undergo a Sanitary Survey Letter Template
Sanitary Survey Report, Results Notification Letter, and Corrective Action Plan Combined Template
Significant Deficiency Partial Compliance Letter Template
Significant Deficiency Full Compliance Letter Template
Significant Deficiency Extension Request Approval Letter Template
Significant Deficiency Extension Request Denial Letter Template
Failure to Correct Significant Deficiency Letter Template
Failure to Respond to Significant Deficiencies SWTR 45
Failure to Submit Correction Action Plan Letter Template

ABBREVIATIONS

CFR	Code of Federal Regulations
CO	Compliance Officer
DQO	Data Quality Objectives
DWB	Drinking Water Bureau
EPA	United States Environmental Protection Agency
GPS	Global Positioning System
IT	Information Technology
NM	New Mexico
NMAC	New Mexico Administrative Code
NMED	New Mexico Environment Department
NMSA	New Mexico Statutes Annotated
PWS	Public Water System
PWSS	Public Water System Supervision
QA	Quality Assurance
QAPP	Quality Assurance Project Plan
QC	Quality Control
QMP	Quality Management Plan
SDWA	Safe Drinking Water Act
SDWIS	Safe Drinking Water Information System
SWIG	Sustainable Water Infrastructure Group

1. PROJECT MANAGEMENT

This document was prepared in accordance with United States Environmental Protection Agency (EPA) *Requirements for Quality Assurance Project Plans* (EPA 2001) and *Guidance for Quality Assurance Project Plans* (EPA 2002).

1.1. Distribution List

The New Mexico Environment Department (NMED) Drinking Water Bureau's (DWB) Quality Assurance (QA) Officer will provide a copy of the approved Quality Assurance Project Plan (QAPP) to the EPA Region 6 Project Officer, the Chief of the DWB, all Compliance Officers (CO) and other appropriate DWB staff. Contact information is provided in Table 1-1. The QA Officer will ensure that a copy of the approved QAPP is available on the DWB website. Verification that DWB Compliance staff have access to and will comply with the requirements of the QAPP will be documented by acknowledgement statements and maintained in DWB QA files.

Table 1-1. QAPP Distribution List

Project Personnel	Project Title	Organization	Email	Phone number
Denise Hamilton	Section Chief	USEPA, Region 6	hamilton.denise@epa.gov	(214) 665-2775
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James Midkiff	SDWIS Supervisor	NMED/DWB	james.midkiff1@env.nm.gov	(505) 660-3391
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Michelle Olson	Data Steward	NMED/DWB	michelle.olson1@env.nm.gov	(505) 901-7342
Contractors	As of the date of this QAPP, the DWB did not have any contracts in place for conducting Sanitary Surveys. The QAPP will be distributed to all contractors tasked with conducting Sanitary Surveys for the DWB.			

1.2. Project/Task Organization

All Sanitary Survey activities covered by this QAPP are performed by NMED DWB personnel or contractors. The organizations and responsibilities are discussed below. The project organizational structure is provided in Figure 1-1.

1.2.1. Drinking Water Bureau

The DWB is organized into four sections: Water Conservation Fund Group (WCF), Sustainable Water Infrastructure Group (SWIG), Public Water System Supervision Group (PWSS), and Program Administration Group (PAG). The QA Officer is independent of the other four sections and reports directly to the Bureau Chief; and is responsible for updating and maintaining the QAPP based on input and coordination with the PWSS Group Manager. The PWSS

Group Compliance Officers (COs) have the primary responsibility of conducting and documenting observations and findings from sanitary surveys, collecting inventory data from each individual public water system (PWS). The Safe Drinking Water Information System (SDWIS) team updates compliance information and schedules in SDWIS. Additionally, the NMED Information Technology (IT) Bureau assigns technical staff to maintain software and networks, which includes maintaining the Safe Drinking Water Information System (SDWIS), the repository of all NM public water system data, including Sanitary Survey data and inventory information, collected by the DWB. The activities performed by each section are summarized in Table 1-2.

The PWSS Group Manager and Area Supervisors are responsible for verifying that all applicable activities of these sections comply with the provisions of this QAPP. All DWB personnel who collect or manage sanitary survey data are responsible for the implementation of methods and procedures described in this QAPP and must be familiar with and follow the provisions of this QAPP.

The organizational structure of the DWB and a listing of associated staff assigned to the Santa Fe office and area field offices is provided in Figure 1-2. The State is divided into two areas with each area having multiple offices located throughout the area. There is a total of nine DWB area field offices which are located in Alamogordo, Albuquerque, Las Cruces, Farmington, Raton, Roswell, Ruidoso, Clovis, Silver City, and Espanola. Currently staff have the option to telework either part-time or full-time under telework agreements. Staff who opt to telework must report to the office as requested by management. All Sanitary Surveys produced by COs are reviewed by their direct supervisor or peer reviewed as directed by the Area Supervisor and/or PWSS Manager prior to delivering the report to a public water system (PWS). in Figure 1-3. Detailed descriptions and additional information on drinking water programs administered by the DWB can be found in the DWB Quality Management Plan (QMP) or on the Bureau's website at: https://www.env.nm.gov/drinking_water/.

1.2.2. Contractors

Sanitary Surveys may be conducted by a contractor, dependent on needs and availability of funding. Any contractor(s) hired to perform a Sanitary Survey will conduct those activities in accordance with the requirements in this QAPP.

Table 1-2. Summary of DWB Responsibilities

Organizational Unit	Responsibilities
Program Administration Group	Provides administrative support services to all DWB programs.
Water Conservation Fund Group	Coordinates water sampling to determine compliance with the Safe Drinking Water Act and reviews resulting data.
Public Water System Supervision Group	Provides oversight to PWS to ensure compliance with the drinking water regulations. Those regulations were enacted to protect public health by requiring public water systems to ensure safe drinking water is provided for their consumers. The PWSS program also manages and maintains SDWIS and the NMED DWB enforcement program.
Sustainable Water Infrastructure Group	Implements Capacity Development, Community Services, Technical Assistance, Regulatory Engineering reviews, Operator Certification, and Source Water Protection Programs.
Financial/Administrative Section	Oversees the financial functions of the Bureau, including central and area offices; Evaluates financial program efficacy Develops, modifies, and implements operating procedures, fiscal policies and accounting procedures for funding programs within the DWB.
Information Technology Support	Maintains computer hardware, software and networks and maintains the Safe Drinking Water Information System/ State for the DWB <i>Note: This section is organized under NMED's Information Technology Bureau.</i>

Figure 1-1. Management Structure of the DWB Sanitary Survey for Public Water System Supervision

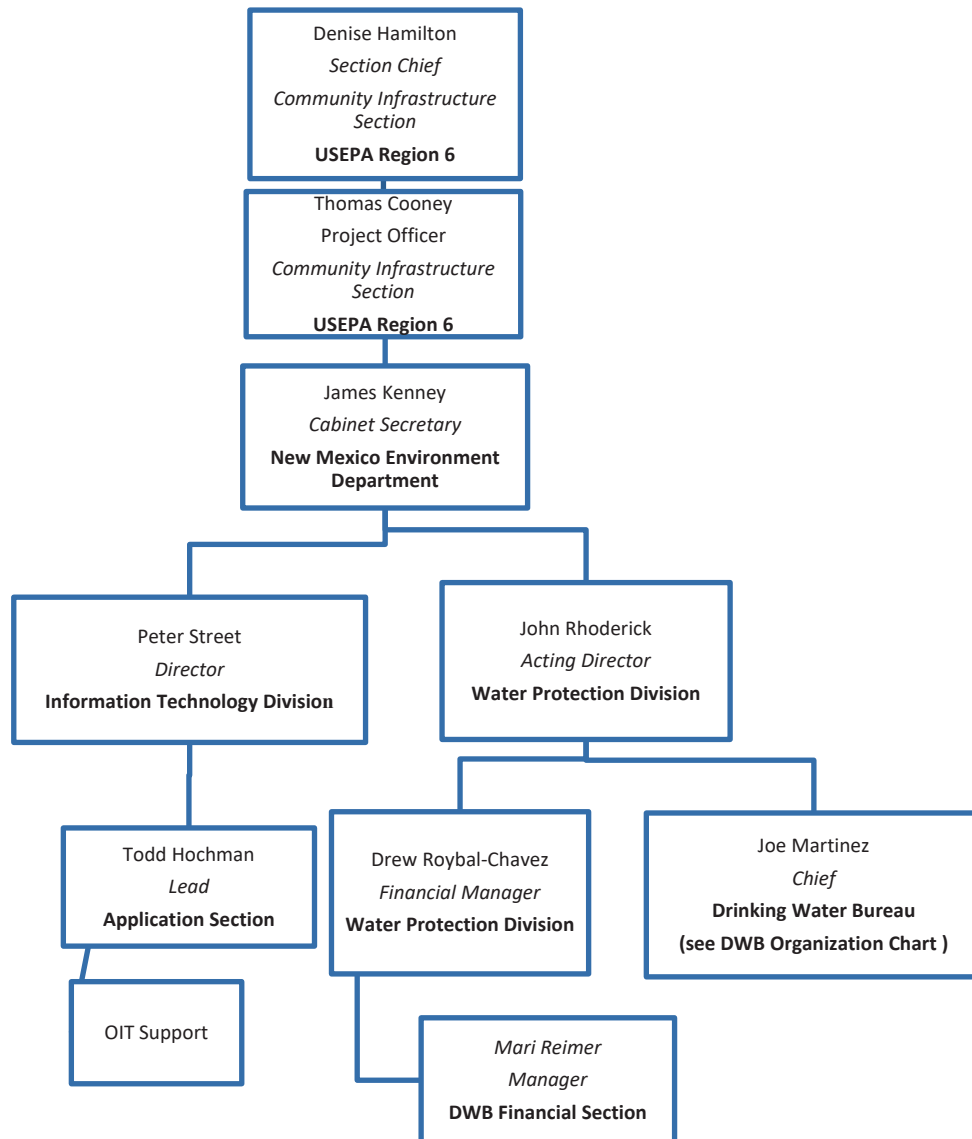
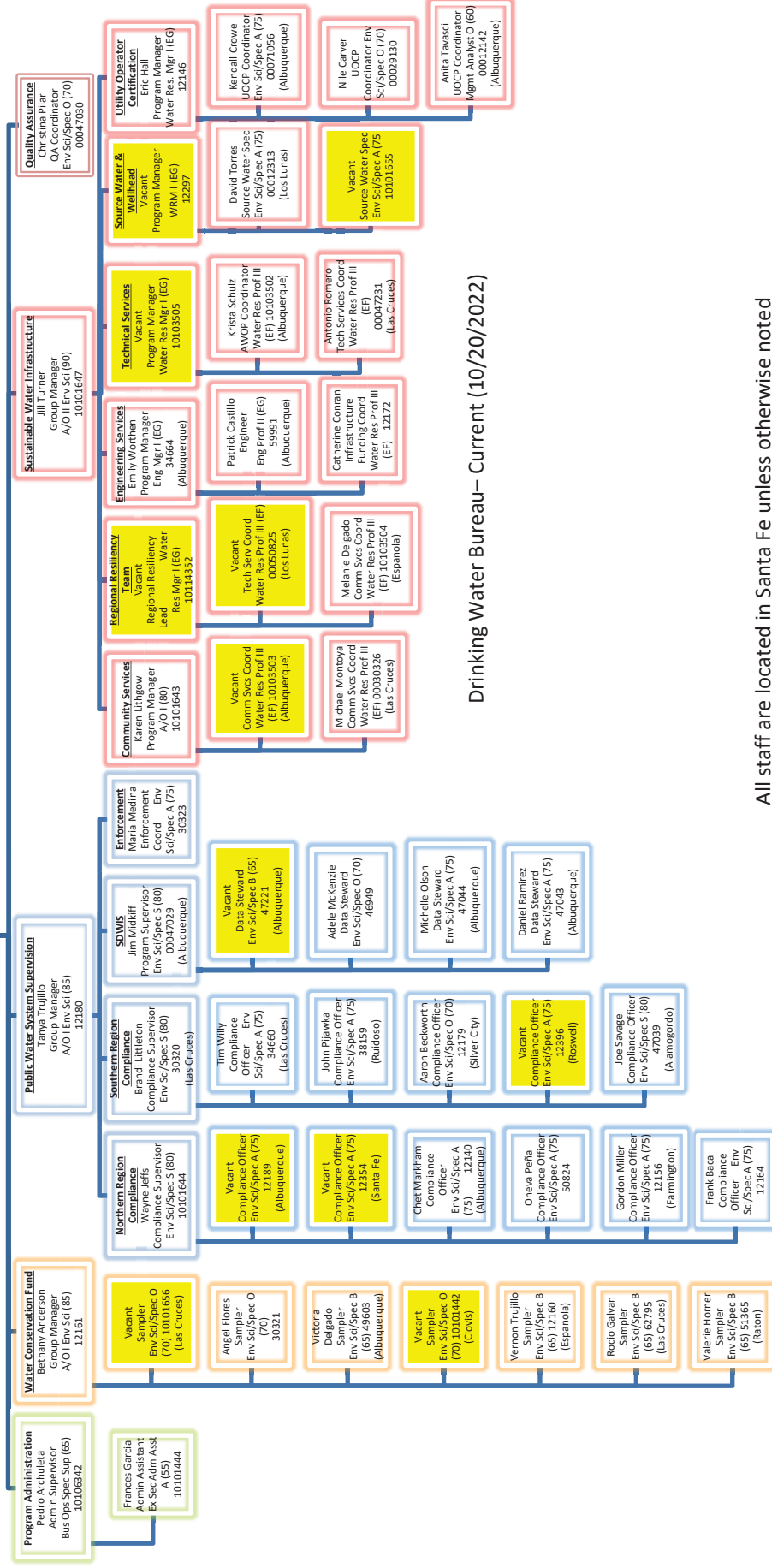


Figure 1-2. DWB Organizational Chart



Drinking Water Bureau— Current (10/20/2022)

All staff are located in Santa Fe unless otherwise noted

1.3. Problem Definition/Background

1.3.1. Background

The Safe Drinking Water Act (SDWA) was passed in 1974 to protect public health by regulating the nation's public drinking water supplies. The law was amended in 1986 and 1996 and requires many actions to protect drinking water and its sources: rivers, lakes, reservoirs, springs, and ground water wells. The State of New Mexico has primacy for SDWA which means it has the authority to implement and enforce the primary SDWA regulations. In addition to the federal SDWA, the state of New Mexico (NM) passed regulations under the Environmental Improvement Act (NMSA 74). These state drinking water rules (NMAC 20.7.10) have requirements not covered by SDWA.

The purpose of Sanitary Surveys is to evaluate and document the ability of a water system to continually provide safe drinking water to the public and meet the goals and requirements of the SDWA and federal and state drinking water regulations.

1.3.2. Problem Definition

New Mexico water systems that serve at least fifteen service connections or regularly serve an average of at least twenty-five individuals daily at least 60 days out of the year are a PWS and are regulated under the SDWA. Drinking water may become contaminated from numerous sources such as improperly disposed of chemicals; animal wastes; pesticides; human threats; wastes injected underground; and naturally occurring substances. Likewise, drinking water that is improperly treated, or which travels through an inadequately maintained distribution system, may also pose a health risk.

PWSs must be regularly monitored to verify that the water they provide to the public meets all state and federal drinking water regulations to ensure the protection of public health. NMED DWB accomplishes this by conducting Sanitary Surveys and monitoring the quality of water produced by a system. This QAPP is specific to the execution of Sanitary Surveys. A sanitary survey identifies deficiencies related to operational, maintenance and managerial processes that may adversely impact a PWS's ability to provide a safe, reliable water supply as well as system deficiencies related to infrastructure. The results of these surveys can be used to identify need and target assistance provided by the DWB Sustainable Water Infrastructure Group (SWIG). By conducting Sanitary Surveys regularly, the DWB plays a critical role in ensuring that reliable and safe drinking water is provided to customers served by regulated water systems.

1.4. Project/Task Description

Sanitary Surveys evaluate a public water system's water source, facilities, equipment, operation, and maintenance. Surveys identify significant deficiencies and assess a system's capability to supply safe drinking water. Sanitary Surveys, mandated by the SDWA, lower the risk of contamination that can cause waterborne disease and identify systems that require technical or capacity development. Sanitary Surveys evaluate eight key areas: water sources; treatment; distribution systems; finished water storage; pumps, pump facilities and controls; monitoring, reporting and data verification; water system management and operations; and operator compliance with state requirements.

Sanitary Surveys are conducted every three to five years, depending on the type of system. Community Water Systems are surveyed every three years unless they have outstanding performance* in which case, they may be surveyed every five years. Non-community systems are surveyed every five years. All water systems can be surveyed more frequently if necessary. The State of New Mexico has approximately 1,100 public water systems. These include Community Water Systems, Transient Non-Community Water Systems, and Non-Transient Non-Community Water Systems

* Outstanding performance is based on CFR 40 Part 142.16(o)(2)(iii), which states that the system has "at least 4-log treatment of viruses (using inactivation, removal, or a State-approved combination of 4-log inactivation and

removal) before or at the first customer for all its ground water sources, or if it has an outstanding performance record, as determined by the State and documented in previous sanitary surveys and has no history of total coliform MCL or monitoring violations under §141.21 of this chapter since the last sanitary survey.”

1.5. Quality Objectives and Criteria for Measurement Data

The establishment of quality objectives ensures that the DWB makes decisions relating to water quality management that are:

- consistent with the mission, goals and objectives of the NMED and DWB;
- based on proper application of policy and guidance;
- based on all available pertinent information;
- based on a thorough understanding of the information; and
- based on accurate information.

Data Quality Objectives (DQOs) are criteria that aid the decision maker (staff) to make data-based decisions while limiting the occurrence of errors. Sanitary Surveys are conducted by trained staff in accordance with the procedures specified in Section 2.2 of this QAPP and undergo extensive review to ensure that the data and information collected is of sufficient quality to provide a high level of confidence in the resulting decisions.

1.6. Special Training/Certifications

All DWB personnel are required to be familiar with this QAPP, the DWB’s *Quality Management Plan* (QMP), and any other policies and procedures pertinent to the project. Supervisors will provide these and other applicable documents to all new staff.

1.6.1. Special Training

Sanitary surveys must be conducted by competent personnel who have experience and knowledge of the design, operation, maintenance, and management of water systems. These individuals must be qualified to assess problems and make sound decisions using hydrological, hydraulic, mechanical, and other basic engineering and management knowledge. Supervisors ensure these qualifications are met by including the basic minimum requirements in the job requirement for all Compliance Officers responsible for conducting Sanitary Surveys. New Compliance Officers are required to be mentored and trained by advanced level compliance officers, Area Supervisors, and the PWSS Group Manager prior to conducting sanitary surveys. They also must read this QAPP and the DWB’s Sanitary Survey SOP. EPA also offers a series of trainings relating to Sanitary Surveys that can be used to meet the requirements described above. Additional information on the trainings offered by EPA is available at: <https://www.epa.gov/>.

As resources allow, DWB staff are encouraged to seek out and attend appropriate trainings, workshops, or other informative events and to share what they have learned with other staff. Information pertaining to attendance at these types of events is maintained in personnel files. Supervisor approval is required prior to attending any such events.

1.6.2. Driving Certification

Conducting Sanitary Surveys requires travel to and from the water system. In accordance with NMED Vehicle Use Policy and Procedure 07-07 and 1.5.3.12 NMAC, all DWB personnel must adhere to the requirements specified in these documents and are required to complete the National Safety Council Defensive Driving Course and retain a copy of the Defensive Driving training certificate while operating state vehicles.

1.7. Documentation and Records

1.7.1. Documentation

This QAPP is updated triennially or upon changes in procedure and upon approval is made available to DWB staff and project personnel identified on the Distribution List in Section 1.1 of this QAPP. The QA Officer ensures distribution of the approved QAPP.

Data generated from projects covered by this QAPP must be of sufficient quality to withstand challenges to their validity, accuracy and legibility. To meet this objective, data are recorded in standardized formats and in accordance with prescribed procedures. The documentation of all environmental data collection activities must meet the following minimum requirements:

- Data and associated information must be documented directly, promptly, and legibly. All reported data must be uniquely traceable to the raw data/information.
- Any changes to the original (raw data) entry must not obscure the original entry. The reason for the change must be documented, the change must be initialed and dated by the person making the change and approved by the individual's immediate supervisor or the PWSS Group Manager.

Other specific documentation requirements and protocols are discussed throughout this QAPP and referenced procedures.

1.7.2. Records

Table 1-3 describes how records are maintained at the DWB. Records retention periods for the DWB files are in accordance with applicable State and Federal Regulations (20.7.10 NMAC; 40 CFR 141; 40 CFR 142; 40 CFR 143).

Table 1-3. DWB Records Repositories

Common Name	Location	Description
<i>Central Files also referred to as Drinking Water Program Files</i>	DWB Main Office - Santa Fe	<ul style="list-style-type: none"> • Quality system documents prior to 2014. • All official documents such as records associated with compliance and enforcement, sanitary surveys, capacity development, source water assessments, etc. and all related correspondence prior to 2014. • Original hard copies of <i>Plans and Specifications</i> records and maps, etc. prior to 2014 • All paper copies of drinking water compliance sample chemical analyses results. <p>DWB is initiating a process to have these files sent to the State Archives.</p>
<i>DWB Shared Folders/ Electronic Central File by Water System</i>	NMED network	Electronic repository of documents for public water systems and all programs after 2014.
<i>Oversight Files (hard copy)</i>	Area Offices	All original correspondence not associated with primary drinking water categories retained in the Central Files.
<i>SDWIS</i>	Database maintained by NMED IT and DWB	Electronic repository for information specific to individual PWS such as board and operator contact information, inventory information, water quality data, and information pertaining to monitoring and compliance schedules, violations and any enforcement actions.

DWB Sample Collection Application	Electronic application maintained by NMED IT Department and SDWIS Team throughout state	Web-based tool that is updated from the SDWIS database daily. Once registered with a password and assigned to a water system sample collectors and PWS operators can view the compliance sample schedules assigned to the water system and automatically prepare a <i>Sample Request Form</i> for any lab that DWB has on contract with all of the proper demographic information pulled from SDWIS to minimize any errors.
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1.7.3. Reporting Documents

The primary means of reporting the results to the water system that were obtained through a Sanitary Survey is the final *Sanitary Survey Report*, which is produced within 30 days of the completion of the survey. See Appendix for an example of a *Sanitary Survey Report Template* used by compliance staff. These template reports are stored electronically in the Reflex Server for each CO's remote desktop profile, COs archive completed reports in the Electronic Central Files on the shared drive. The applicable portions of the information obtained during a Sanitary Survey are entered into SDWIS after the report and supporting documents are approved by the Area Supervisor. A copy of the approved Sanitary Survey is provided electronically to the PWS's Administrative Contact.

PWSs are required to provide a Corrective Action Plan (CAP) to the survey report within 30 days for ground water systems and 45 days for surface water systems. A template for the CAP is included in the *Sanitary Survey Report* to assist water systems in maintaining compliance with this requirement. COs are responsible for reviewing and approving CAPs. PWSs have 120-days to correct deficiencies unless an alternate schedule is approved by the CO.

2. DATA GENERATION AND AQUISITION

This section provides information on how Sanitary Survey data and information are obtained and managed by the DWB. The guidelines specified in this section were developed to ensure that data collected are appropriate and reliable and of sufficient quality to fulfill the project goals and objectives.

2.1. Sanitary Survey Process

The surveys are conducted at each PWS in accordance with the specified schedules. The elements covered by a Sanitary Survey are not limited to discreet sampling points but cover a wide range of information collected about the system and include physical and administrative elements. See the NMED DWB Sanitary Survey Standard Operating Procedure for detailed instructions.

The Sanitary Survey addresses the following eight elements:

- (1) Operator compliance with regulations – Water system operators and key staff must be properly trained based on system type, size, and treatment. The state will confirm that operators are appropriately certified for their roles and responsibilities.
- (2) Source protection, physical components and condition - Protecting the source prevents contaminants and pathogens from reaching consumers. The state will review information relating to source water quality and wellhead protection. Observations will be made about well construction, potential sources of contamination, setback distances, source quantity and capacity, well locations, source water transmission mains, site security, and general housekeeping.
- (3) Treatment - Treatment varies among PWSs based on the quality of the source water and state regulatory requirements. The state will take into consideration design criteria, plant records, and past inspections during the review. The overall design, operation, maintenance, and management of the treatment facility will be examined.
- (4) Finished water storage - The condition of the storage facility can affect both quality and quantity of water provided to consumers. The state reviews the PWS's files; performs field inspections to assess the tank's integrity, operational readiness, site security, and potential sanitary risks; ensures maintenance checks have been completed; and discusses current operation and maintenance procedures with staff.

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- (5) Distribution System – “Verify” or “Review” (?) Inspection of the upkeep and maintenance of accessible pipes and fixtures is completed to assess the integrity of the distribution system and the safety of drinking water. To assess in ground infrastructure, the state generally completes a paper review of schematics, operation and maintenance records, operating procedures, construction standards, and distribution system water quality data.
 - (6) Pumps/pump facility and controls - Pumps are inspected to determine proper functionality, are installed to fulfill intended use, and to determine reliability and establish if there are any sanitary risks. The state will obtain information about the pumps, including available data from previous sanitary surveys, the emergency power system (if applicable), pump tests, and remote monitoring controls and alarms.
 - (7) Monitoring, reporting and data verification – Data review to verify the quality of the drinking water distributed to the public complies with drinking water regulations and requirements. The state will determine whether site sampling and monitoring plans are being followed and requirements are being met by checking test results, monthly reports, and daily logs. The surveyor determines whether the system has complete, up-to-date, and reasonable monitoring data.
 - (8) Water system management and operations – Assessment of management strategies can provide a PWS with direction, paths to sufficient funding, and establish strong managerial support. Review of water system goals, plans, and budgets provides indication of whether the system’s team is working well together or might need some assistance. The state will evaluate whether the PWS is sufficiently staffed and has enough funding for equipment to operate in a sustainable and safe manner.

2.2. Sanitary Survey Methods

The purpose of this section is to provide information on how Sanitary Surveys will be conducted consistently between locations by all COs. See the Appendix for details survey standard operating procedures for groundwater systems.

All COs must meet the minimum requirements specified in Section 1.6 of this QAPP. In addition, CO are guided by: *Sanitary Survey Guidance Manual for Ground Water Systems* (EPA 2008) and *Guidance Manual for Conducting Sanitary Surveys of Public Water Systems; Surface Water and Ground Water Under the Direct Influence* (EPA 1999), the *New Mexico Environment Department Drinking Water Bureau’s Ground Water Rule Sanitary Survey Inspection and Compliance Procedure*, *New Mexico Environment Department Drinking Water Bureau’s Surface Water Rule Significant Deficiency Policy*, and the *New Mexico Environment Department Drinking Water Bureau’s Ground Water Rule Significant Deficiency Policy*.

2.3. Quality Control

Quality control (QC) activities are technical activities performed on a routine basis to quantify the variability that is inherent to any environmental data measurement activity. The purpose for conducting QC activities is to understand and incorporate the effects this variability may have in the decision-making process. Additionally, the results obtained from QC activities may identify areas where the variability can be reduced or eliminated in future data collection efforts, thereby improving the overall quality of the program or project being implemented.

Area Supervisors coordinate QC for Sanitary Surveys, ensuring that Sanitary Surveys are conducted by qualified and properly trained staff. Newly hired COs accompany senior COs or Area Supervisors on several Sanitary Surveys until both parties are confident that surveys will be performed consistently and reliably in accordance with DWB’s procedures.

Area Supervisors review their area staff’s reports for completeness and accuracy following each Sanitary Survey and provide feedback to the oversight staff. Corrections are made to the Sanitary Survey if warranted with proper documentation of the basis for any changes. Area Supervisors provide final approval following this review. Approved Sanitary Survey information is entered into SDWIS by the DWB’s Data Stewards. Data stewards identify any

discrepancies, discuss with oversight staff and Area Supervisors and make any necessary corrections. Following completion of data entry, COs conduct a final review for accuracy.

An additional check on the quality of survey activities includes periodic Quality Assurance Audits. Quality Assurance Audits will be performed periodically as resources allow. COs to be audited will be randomly selected and the audits will be performed by the QA Officer or designee.

2.4. Instrument/Equipment Testing, Inspection and Maintenance

Equipment typically used during a Sanitary Survey include cell phones, Global Positioning System (GPS) devices, and digital cameras. Each CO is provided with a digital chlorine residual test kit, field turbidity meter, and pressure gauge. This equipment will be incorporated into the Sanitary Survey field visits. All field equipment must be inspected, calibrated and refurbished as necessary prior to each sampling trip. Complete procedures for operating and maintaining equipment used for collecting environmental measurements are contained in the manufacturer's instruction manual for each instrument. Any deficiencies in equipment must be reported immediately to the Area Supervisor or PWSS Group Manager, who will recheck the equipment and arrange for repair by the manufacturer or replacement. DWB staff will not use equipment if the working condition of the equipment is in doubt.

2.5. Instrument/Equipment Calibration and Frequency

Complete procedures for calibrating instruments used for collecting measurements are contained in the manufacturer's instruction manual for each instrument. All DWB personnel using field equipment are expected to read and follow all procedures detailed in these manuals. Personnel shall use appropriate standards and reagents specific to each instrument that are not expired.

2.6. Indirect Measurements

Sanitary Surveys conducted pursuant to this QAPP involve new information acquired using procedures described or referenced in this document and its appendices. Historical water system data is often reviewed as part of a Sanitary Survey. If any historical or outside data is used for a compliance determination, it must, at a minimum, meet the QA/QC requirements described in this document.

2.7. Data Management

The data and information gathered during a Sanitary Survey are recorded directly on the Sanitary Survey Checklists. The Sanitary Survey Checklists are then used to develop a draft *Sanitary Survey Report* by the CO, which is saved to the NMED's Shared drive (Network/NMENV/ServerShare\$/WPD/DWB) (See an example of a *Sanitary Survey Template* in the Appendix). The files are then reviewed by the appropriate Area Supervisor for approval. Once approved, the data is entered into SDWIS by the data stewards, a hard copy of the final approved Sanitary Survey Report is mailed to the PWS, and additional copies are filed in accordance with the specifications listed in Section 1.7 of this QAPP.

Photographs taken by COs during Sanitary Surveys are labeled descriptively and saved as PDFs. They are filed in the appropriate water system folder located in the Electronic Central Files found in the DWB shared folder.

3. QUALITY SYSTEM ASSESSMENT AND OVERSIGHT

3.1. Quality System Assessment and Response Actions

The progress and quality of Sanitary Survey Reports shall be continuously assessed to ensure that objectives are met. The PWSS Group Manager will periodically evaluate the following:

- Sanitary Survey schedules are being met
- Sanitary Surveys are being conducted per the procedures specified in this QAPP

- Corrective actions are implemented as needed

The PWSS Group Manager will coordinate with the QA Officer as necessary to discuss any problems that arise and will develop appropriate corrective actions to maintain program integrity. Annual reviews will be conducted to identify areas in need of improvement. If data are found to be consistently outside of the specified DQOs, corrective actions will be taken. Corrective actions can include additional training for program staff, revised procedures, alternate schedules, etc. All project staff are encouraged to identify problems immediately and provide feedback on program activities and needs. Any resulting program modifications will be documented in subsequent revisions to the QAPP.

3.2. Reports to Management

Area Supervisors conduct periodic meetings to review schedules and discuss any problems that have arisen and identify systems in need of further assistance. This information is used to report activities to grant entities and to address NMED's quarterly performance measures. The PWSS Group Manager and QA Officer will periodically perform a project oversight and quality assessment review and produce a summary report of the evaluation. This report will provide an evaluation of the overall status and quality assessment findings and will include the results of any QA Audits that may have been conducted. The report will include program updates and will identify any changes that were made or that are needed. This report will be provided to all parties included on the Distribution List in Section 1.1 of this QAPP.

4. DATA VALIDATION AND USABILITY

All data/information collected by the DWB undergo a series of checks to ensure that the data are of sufficient quality and conform to a project's specific objectives. The following sections describe the procedures used to determine to accept, reject, or qualify data/information generated as part of the DWB's PWSS Program.

4.1. Data Review, Verification, and Validation

Data review, verification and validation are key steps for ensuring the integrity, suitability, and usability of the data. All Sanitary Surveys are reviewed and approved by Area Supervisors. The Area Supervisor in conjunction with the QA Officer will address any unresolved data quality issues. All information pertaining to this process will be documented thoroughly and included in any quality assessment reports.

4.2. Verification and Validation Methods

Data verification and validation are performed by the Area Supervisors. Additionally, Sanitary Survey information that is entered into SDWIS is reviewed by Area Supervisors and cross-checked by the Data Stewards to identify any potential discrepancies and/or errors. Any data discrepancies should be verified by the Area Supervisor. When the Area Supervisor has determined that the issue that caused the discrepancy has been corrected or verified, the Area Supervisor will make the final determination as to the validity of the sanitary survey data in question.

4.3. Reconciliation with User Requirements

Data are considered usable once the data verification and validation process has been completed and the Area Supervisor has approved the final *Sanitary Survey Report*. DWB Compliance staff are then able to take action to address any systems deficiencies knowing that the determinations were made based on quality information.

5. REFERENCES

United States Environmental Protection Agency. 1999. Guidance Manual for Conducting Sanitary Surveys of Public Water Systems; Surface Water and Ground Water Under the Direct Influence. Office of Water, Washington, D. C. April 1999. EPA 815-R-99-016.

———. 2001. *EPA Requirements for Quality Assurance Project Plans*, EPA QA/R-5. EPA/240/B-01/003. Office of Environmental Information, Washington, DC. March.

———. 2002. *Guidance for Quality Assurance Project Plans*, EPA QA/G-5. EPA/240/R-02/009. Office of Environmental Information, Washington, DC. December.

———. 2008. *Sanitary Survey Guidance Manual for Ground Water Systems*. Office of Water, Washington, D. C. March 2004. EPA 81-R-08-015.

APPENDIX

Sanitary Survey Report Documents



New Mexico Environment Department
Drinking Water Bureau
Sanitary Survey Checklist

PWS ID#:		PWS Name:			
Survey Date:		System Type:		County:	
Connections:		Population:		Source Type:	
Compliance Officer Name: Tanya Trujillo					
PERSONS ATTENDING SURVEY					
Name	Title	Address	Phone Number		
GENERAL WATER SYSTEM DESCRIPTION					
Provide a general description of the water system including changes, updates, connections, source(s), storage, number of pressure zones, treatment, and control system(s) and alarm(s). Make corrections and updates to the PWS facilities inventory.					
OPERATIONS and MANAGEMENT					
Recommendation	Was the certified system operator present for the sanitary survey?			Recommended	
002U	Is system operated by or under the supervision of a certified operator who meets or exceeds the appropriate certification level?			20.7.10.400.Q NMAC	
002V	Does the system have enough appropriately leveled certified operators?			20.7.10.400.Q NMAC	
003Q	Were water system records available for your review?			40 CFR 141.33	
	Has the water system developed and implemented required system specific documents? (see below)			Informational	
004B	Community Systems Only: Emergency Response Plan (if the answer is "no" to any of the following 8 questions, the system may not have an adequate ERP)			40 CFR 141.403(a)(4)	
	ERP identifies likely threats to their system and assigns the appropriate severity level and response to each type of event			Informational	
	ERP identifies routine operating emergencies such as: line breaks, pump malfunctions, acute MCL exceedances, power outages			Informational	
	ERP identifies non-routine emergencies such as: chemical spills, drought, wind/ice storms, fire, floods, earthquakes or other natural occurrences, intentional acts of sabotage			Informational	
	ERP identifies appropriate contact personnel within and outside the system in the event of an emergency			Informational	
	ERP contains a formalized emergency communication protocol such as boil water advisory communication protocol and sample public Notification forms and protocol			Informational	
	ERP contains established emergency plans, actions and procedures			Informational	
	ERP contains a list of identified critical or vulnerable customers (if applicable)			Informational	
	ERP contains an inventory and has assessed critical equipment			Informational	
004C	Complete Operations and Maintenance Plan? (if the answer is "no" to any of the following 5 questions, the system may not have an adequate O&M Plan)			40 CFR 141.403(a)(4)	
	O&M Plan contains a defined water system organizational structure			Informational	
	O&M Plan formalizes general and detailed description of system components and treatment units			Informational	
	O&M Plan contains scheduled standard operating, maintenance and sampling procedures (SOPs, SMPs and SSPs)			Informational	
	O&M Plan defines specifications for new installations and repairs			Informational	
	O&M Plan identifies chemical, appurtenance and equipment suppliers and contractors			Informational	
003F	Complete RTCR Distribution System Sampling Plan (DSSP)			40 CFR 141.853(a)(1)	
003A	Complete Up-to-Date Disinfectant Residuals and/or DBP Sampling Plan (if required)			40 CFR 141.132(f)	
002X	Complete Up-to-Date Lead & Copper Sampling Plan (if required)			40 CFR 141.403(a)(4)	
004I	Complete Up-to-Date IOCs, SOCs, & VOCs Sampling Plan (if required)			40 CFR 141.403(a)(4)	
001T	Facility Map			40 CFR 141.403(a)(4)	

Recommendation	Asset Management Plan		Recommended
Recommendation	Appropriate Budget		Recommended
Recommendation	Source Water Protection Plan		Recommended
Recommendation	Is there a backup certified operator if the primary one is not available? If yes, please provide name and contact info below.		Recommended
			Informational
Recommendation	Have water system officials reviewed current and future compliance sampling requirements?		Recommended
Recommendation	Have water system officials reviewed the sampling results and trends for the water system?		Recommended
	Has the system experienced frequent water outages (>2 per year)? If yes, please explain below.		Informational
			Informational
005H	Does the system appear to have adequate reliability? If not, please explain below.		40 CFR 141.403(a)(4)
			Informational

SOURCES (general) <input type="checkbox"/> No Sources / 100% Purchase System				Facility Name(s) With Issue/Deficiency
Describe and evaluate the source facilities including maintenance, operations, sanitation and security.				
	Were any sources connected to the water system that are not listed in SDWIS? If yes, please provide source name(s) below.		Informational	
	If this is an emergency source, should it be disconnected?		Informational	
002E	If yes, has the source been approved by DWB Technical Services Regulatory Engineer?		20.7.10.400.I NMAC	
GWUDI	Is the source a potential GWUDI? If yes, please provide source name(s) below.		Informational	
004F	Are there any Potential Sources of Contamination (PSOCs) within 1,000 feet of source?		20.7.10.400.B NMAC	
Source Name				
	If yes, how many PSOCs were identified within 1,000 feet of source? Please provide additional informatin below:			
PSOC Type(s)		Distance From Source		
Additional PSOC Info:				


SOURCES (wells) <input type="checkbox"/> No Well Sources			
Well Name	Capacity (Gallons Per Minute)	Latitude	Longitude

Total Spring Capacity	0		

				Facility Name(s) With Issue/Deficiency
001K	Is the springbox (structure, hatch and overflow) constructed to prevent the entry of contaminants or direct surface drainage? If yes, please describe below.		40 CFR 141.403(a)(4)	
003T	Is there a raw water source sample tap?		40 CFR 141.402(e)(1)	
005L	Is the source metered?		40 CFR 141.403(a)(4)	
Recommendation	If yes, is the source meter read at least monthly?		Recommended	
Recommendation	If yes, are the water production records maintained?		Recommended	
004C	Is the springhouse properly constructed and maintained? If no, explain below.		40 CFR 141.403(a)(4)	
004C	Is there evidence of insect or rodent infestation?		40 CFR 141.403(a)(4)	
001J	Is the springhouse adequately protected from unauthorized access?		20.7.10.400.B NMAC	
004F	Are there any Potential Sources of Contamination (PSOCs) within 1,000 feet of source?		20.7.10.400.B NMAC	
Source Name				
	If yes, how many PSOCs were identified within 1,000 feet of source? Please provide additional informatin below:			
PSOC Type(s)		Distance From Source		
Additional PSOC Info:				

SOURCES (surface water) <div> No Surface Water Source</div>			
Surface Source Name	Capacity (Gallons Per Minute)	Latitude	Longitude

Total Surface Source Capacity	0			
				Facility Name(s) With Issue/Deficiency
SW20	Is a raw water sample tap available for routine monitoring?		40 CFR 141.723(b)	
Recommendation	Are raw water quality measurements routinely taken?		Recommended	
Recommendation	If yes, what is measured and how often?			
	What treatments have been modified as a result of the measurements?	Informational		
	If the system experiences seasonal algae blooms, is copper sulfate or another approved measure utilized for algae control?		Informational	
	If intake levels can be adjusted, are they adjusted to obtain the best water quality?		Informational	
005L	Is the source adequately metered and does the system maintain records of water production?		40 CFR 141.723(b)	
006L	Are all pumps and controls operational and maintained?		40 CFR 141.63(e)(3)	
Recommendation	Is emergency backup power available and tested?		Recommended	
004C	Are all source valves and meters operational and maintained?		40 CFR 141.723(b)	
004C	Is the source pump house in good condition and maintained inside and outside?		40 CFR 141.723(b)	
001J	Is the source pump house protected from unauthorized personnel?		40 CFR 141.723(b)	
SW05	Is secondary containment provided for fuel tanks and chemical storage containers?		40 CFR 141.723(b)	
DISINFECTION No Disinfection				Facility Name(s) With Issue/Deficiency
Describe the chlorination facilities including purpose for chlorination, concerns with maintenance or operations, system's record keeping of monthly reports, and sanitary and security observations:				
	Is there evidence that the operator batch chlorinates the source, the distribution system, or the reservoir just before collecting routine or repeat coliform samples? If yes, provide details below.		Informational	
	Did you observe disinfection connected to the water system in active use that is NOT listed in SDWIS? If yes, provide details below.		Informational	

	Is ultraviolet light (UV) used for disinfecting a drinking water source?		Informational	
	Is the UV unit sized for the maximum flow rate AND is there a UV transmittance sensor controlling a solenoid valve or other device to shut off supply if the UV light fails?		Informational	
	Describe the UV equipment including:			
	UV manufacturer and model number:			
	Cleaning frequency of quartz sleeve:			
	Rated capacity (gpm):			
	Mo/Yr UV light last replaced:			
	Is there continuous chlorination? If no then skip to Treatment section.		Informational	
002T	Is there a proper backflow assembly on the water supply line if that line plumbed directly into a chlorine solution tank?		20.7.10.400.P NMAC	
SW20	Is there a post-treatment sample tap?		40 CFR 141.723(b)	
002G	Does the chlorine compound meet NSF/ANSI Standard 60?		20.7.10.400.K NMAC	
Recommendation	Is a backup chemical feed pump or are spare parts for the operating chemical feed pump available onsite?		Recommended	
	Is the operator aware of the requirement for adequate Chlorine Contact Time?		Informational	
	If yes, measure and record the free chlorine residual at the finished water compliance location: Describe compliance sampling location below – location must be prior to the first service connection downstream of chlorine addition (preferably at finished water sampling location or clearwell)		Informational	
Recommendation	Are the chlorine pump and pump controls constructed and maintained to provide uninterrupted, reliable treatment? If no, describe below.		Recommended	
BOOSTER PUMPING FACILITIES & CONTROLS  No Booster Pump(s).				Facility Name(s) With Issue/Deficiency
Describe and evaluate the pump facilities and controls including maintenance, operations, sanitary and security observations:				
001E	Are the booster pumps in good working condition? If no, explain below.		20.7.10.400.B NMAC	
006L	Are pump and pump controls operational and adequate to prevent chronic water outages or premature pump failure? If no, explain below.		40 CFR 141.403(a)(4)	
001P	If there is a booster pump house/pump station, is it secure against unauthorized entry? If no, explain below.		20.7.10.400.B NMAC	

001E	If there is a booster pump house/pump station, is it properly constructed and maintained? If no, explain below.		20.7.10.400.B NMAC	
PRESSURE TANKS <input type="checkbox"/> No Pressure Tank(s)				Facility Name(s) With Issue/Deficiency
Describe and evaluate the pressure tanks including maintenance, operations, sanitary and security observations:				
002F	For systems using an air compressor, is the compressor an oil-free type or does it use food-grade oil?		20.7.10.400.L NMAC	
Recommendation	Are valves present to isolate pressure tanks for maintenance or repair?		Recommended	
Recommendation	Is there an ASME pressure relief valve installed between each pressure tank and any shutoff valve?		Recommended	
001E	Are the pressure tanks in good working condition? If no, explain below.		20.7.10.400.B NMAC	
STORAGE TANKS <input type="checkbox"/> No Storage Tank(s)				
	Tank Name	Volume (gallons)	Tank Material	Floating or Direct
Total Storage Tank Capacity		0		
				Facility Name(s) With Issue/Deficiency
001S	Is the storage tank protected from unauthorized entry or vandalism? If no, explain below.		20.7.10.400.B NMAC	
001B	Is the storage tank roof free of any unprotected openings? If no, explain below.		20.7.10.400.B NMAC	

001Q	Is the storage tank equipped with an access hatch?		20.7.10.400.D NMAC	
001Q	Is the access hatch constructed and sealed to prevent the entry of contaminants? If no, explain below.		20.7.10.400.D NMAC	
001B	Is there a dedicated air vent on the storage tank?		20.7.10.400.B NMAC	
001O	If yes, is the air vent constructed to prevent the entry of contaminants? If no, explain below.		20.7.10.400.D NMAC	
001B	Is the overflow line constructed to prevent contaminants from entering the tank? If no, explain below.		20.7.10.400.B NMAC	
	Does the overflow line discharge near ground level?		Informational	
004K	Is the overflow line discharge area protected from potential erosion?		40 CFR 141.403(a)(4)	
001Q	Are overflow pipe screened or fitted with an acceptable flap valve?		20.7.10.400.D NMAC	
	Does the overflow line discharge into a storm drain or surface water?		Informational	
001O	Can the storage tank be isolated from the rest of the water system and be drained through a dedicated drain line?		20.7.10.400.D NMAC	
	When was the tank inspected last? Explain below if necessary.		Informational	
006M	Has the tank been inspected in the past 3 years? Is there an inspection report available to confirm the inspection?		40 CFR 141.63(e)(3)	
	What is the tank cleaning frequency? Explain below if necessary.		Informational	
	Does the tank size, operation, and piping configuration appear to provide adequate water turnover (i.e. separate inlet/outlet, baffling or mixing to reduce stagnant water)? If no, explain below.		Informational	
	Can the water level be lowered in the tank to improve turnover? If No, what are the limitations?		Informational	
	Have any changes been made to the tank(s) operation to improve water quality? If yes, explain below.		Informational	
004M	Does the storage tank foundation appear to be adequate and intact?		40 CFR 141.403(a)(4)	
	Does the tank contain any mixing mechanisms other than mixing during filling cycles?		Informational	

001N	Is the tank in good operating condition? (Free of leakage, significant structural cracking, corrosion, or an advanced concrete spalling?)		20.7.10.400.D NMAC	
003X	Are tank level measuring devices functioning accurately?		40 CFR 141.403(a)(4)	
001S	Is the tank secure? (free of tampering or trespassing?) If no, please explain below:		20.7.10.400.B NMAC	
DISTRIBUTION			No Distribution	Location With Issue/Deficiency
001T	Is a complete, up to date and accurate map of the distribution system maintained?		40 CFR 141.403(a)(4)	
006P	Does the system provide adequate pressure throughout the distribution system? If no, explain below.		40 CFR 141.63(e)(3)	
001X	Are proper procedures followed for disinfection of <u>new</u> distribution construction?		20.7.10.400.F NMAC	No new construction.
002B	Are proper procedures followed for disinfection of ongoing distribution repairs?		20.7.10.400.G NMAC	
006J	Are there adequate flush hydrants to flush the system?		40 CFR 141.63(e)(3)	
006J	Does the purveyor flush the distribution system as needed to maintain water quality? If yes, describe below.		40 CFR 141.63(e)(3)	
006I	Does the purveyor exercise its distribution system valves? If yes, describe below.		40 CFR 141.63(e)(3)	
CROSS CONNECTION CONTROL				Facility Name(s)/Location(s) With Issue/Deficiency
	Is the water system known to serve one or more high health hazard premises with high potential for cross connections? If yes, describe the premise(s) below.		Informational	
Recommendation	Has the water system established the legal authority to implement a Cross Connection Control program (i.e., formally adopted an ordinance, resolution, by-laws, or other document defining the purveyor's Cross Connection Control		Recommended	
Recommendation	Has the purveyor designated someone to be in responsible charge of the Cross Connection Control program?		Recommended	
	If yes, have they conducted a hazard evaluation to identify high health hazard premises?		Informational	
	If yes, has the purveyor completed installation of a backflow prevention assembly on the service line to each identified high health hazard premise?		Informational	
002K	Does the water system have an adequate cross connection control program?		40 CFR 141.403(a)(4)	
002R	Were any cross connections (i.e. end of a hose connected to the potable water system submerged in a pool, hot tub, watering trough, or other non-potable body, or other types of cross connections) observed in the		20.7.10.400.P NMAC	
002N	Were any backflow prevention assemblies observed to be malfunctioning during the sanitary survey?		20.7.10.400.P NMAC	
OPERATOR				Facility Name(s) With Issue/Deficiency
Describe the operator's certification level (if certified), duration of employment with this water system, relationship with the system (e.g., contract operator, SMA, direct hire employee, volunteer, temporary, or owner), and duties and responsibilities.				

Recommendation	Does the operator conduct self-inspections of the water system? If yes, describe frequency and scope of these self-inspections below.		Recommended	
005K	Is the operator performing measurements and calibration of water treatment monitoring equipment consistent with manufacturer recommendations? If no, describe below.		40 CFR 141.403(a)(4)	
	Is the operator using proper inputs to treatment plant operations reports, such as correct volume, peak flow rate, time, and making the proper calculations? If no, describe below.		Informational	
SURFACE WATER TREATMENT			<input checked="" type="checkbox"/> No Surface Water Treatment	Facility Name(s) With Issue/Deficiency

Get Deficiencies



Notification Provided Via Electronic Mail

«Date»

«Admin_Contact_Name»; EMAIL

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

Re: Sanitary Survey for the «System_Name» Water System

Dear «Admin_Contact_Name»:

The New Mexico Environment Department Drinking Water Bureau (NMED DWB) will be conducting a sanitary survey of «System_Name» water system on **DATE**. The purpose of the sanitary survey is to evaluate the adequacy of the system, its sources and operations, and the distribution of safe drinking water [NMAC 20.7.10.100 incorporating 40 CFR §141.401].

The sanitary survey will begin with an opening telephone conference. The discussion will cover water system updates, compliance standing, recordkeeping requirements, and other topics that may arise. The attached ***Sanitary Survey Records Review Checklist*** identifies specific records and planning documents requested via electronic submittal at least 7 days in advance of the conference (**Date of SS consultation**). If unable to provide electronic copies of the required documents, hardcopies shall be mailed or provided as explained below. Other records shall be located and organized in a manner that will facilitate an effective discussion.

In addition to having required documents and records available, ready access to the [Drinking Water Watch](https://dww.water.net.env.nm.gov/NMDWW/) (DWW) website (<https://dww.water.net.env.nm.gov/NMDWW/>) may contribute to the discussion. It is recommended that personnel participating in the sanitary survey review water system information listed in DWW prior to the opening telephone conference. A DWW tutorial is available on the NMED-DWB homepage (https://www.env.nm.gov/drinking_water/).

The opening telephone conference will provide an opportunity to schedule the next step in the sanitary survey process, an onsite inspection of the water system. If hardcopy records and/or planning documents are to be provided during the inspection, they shall be placed in flexible folders or other suitable containers.

Once you have reviewed this notice and all attachments provided, please contact me at **Staff Cell Phone**, or by email at «Staff_Email»

Respectfully,

«Staff_Name», Compliance Officer
Drinking Water Bureau
Water Protection Division

cc: Region Compliance Supervisor (electronic)
Electronic Central File



Pre-Sanitary Survey Record Review:

Please provide the following documents to your compliance officer prior to your scheduled sanitary survey

Certified Operator Information

- ☐ Copies of certification card(s) for the Certified Operator(s) of your water system
- ☐ Operator contract (*if system is operated by contract operator*)

Sampling Plans

Current and updated sampling plans for the following:

- ☐ The Revised Total Coliform Rule
- ☐ The Lead and Copper Rule (*if applicable by regulation*)
- ☐ The Disinfection Byproduct Rules (*if applicable by regulation*)
- ☐ Collection of Asbestos samples (*if applicable by regulation*)
- ☐ Collection of SOC, VOC, IOC, radionuclide, nitrate, samples (*if applicable by regulation*)

Water System Maps

At a minimum your maps should have the following:

- ☐ Locations of all system sources
- ☐ Locations of pipelines, valves, & blow-offs
- ☐ Pressure zone boundaries (if system has multiple pressure zones)
- ☐ Locations of interconnections to other systems
- ☐ All water system facilities such as, water treatment plants, water storage tanks, pumping stations, disinfection units.

**Systems may use one map to show all major features, or several maps that can be overlaid to give a complete picture of the distribution system. Maps should be updated regularly to document changes or additions to the system.*

Operations & Maintenance Plan

At a minimum, the operations & maintenance plan should contain the following:

- ☐ Define your organizational structure
- ☐ Formalize general and detailed description of system components and treatment units
- ☐ Schedule standard operating, maintenance and sampling procedures (SOPs, SMPs and SSPs)
- ☐ Define specifications for new installations and repairs
- ☐ Identify chemical, appurtenance and equipment suppliers and contractors

Emergency Response Plan (community water systems only)

At a minimum, the emergency response plan should contain the following:

- ☐ Identified likely threats to their system and assigned the appropriate severity level and response to each type of event
- ☐ Routine operating emergencies such as: line breaks, pump malfunctions, acute MCL exceedances, power outages
- ☐ Non-routine emergencies such as: chemical spills, drought, wind/ice storms, fire, floods, earthquakes, other natural occurrences, intentional acts of sabotage
- ☐ Identified appropriate contact personnel within and outside the system in the event of an emergency
- ☐ Formalized emergency event communication protocol
- ☐ Boil water advisory notification templates
- ☐ Public Notification template forms and protocol
- ☐ Established emergency plans, actions and procedures
- ☐ Inventoried and assessed critical equipment
- ☐ Identified critical or vulnerable customers

Additional Documents

- ☐ Copy of the NMED DWB approval for representative sampling under the groundwater rule (*if applicable*)
- ☐ Copy of the NMED DWB approval for 4 log filtration/inactivation under the groundwater rule (*if applicable*).
- ☐ Disinfectant residual measurements at the point of compliance for 4 log filtration/inactivation for the last year (*if applicable*)
- ☐ Monitoring results for the following:
 - Total coliform and all chemical samples
 - Disinfectant residuals (*if applicable*)
 - Monthly Operating Reports (*if applicable*)
- ☐ Most recent three years of correspondence with the NMED DWB
- ☐ Copy of Public Notice posted



Sanitary Surveys:

Preparing for an inspection of your public water system

What is a Sanitary Survey?

A sanitary survey is an inspection of the water system facilities, operations, and records to assess and identify conditions that may present a sanitary or public health risk.

A sanitary survey is an on-site review of the eight elements of a sanitary survey including: water source, facilities, equipment, operation, and maintenance of a public water system for the purpose of evaluating the adequacy of the facilities for producing and distributing safe drinking water.

A Compliance Officer from the New Mexico Environment Department's Drinking Water Bureau (NMED DWB) will conduct your sanitary survey. They will contact you when it's due and arrange a date for the survey.

Sanitary Survey Frequency

Routine sanitary surveys are required by the for all public water systems (PWS) every three to five years.

- ☐ Community Water Systems (CWS) - Every Three Years
- ☐ Non-Transient, Non-Community Water Systems (NTNC) - Every Five Years
- ☐ Transient, Non-Community Water Systems (NC) - Every Five Years

The New Mexico Environment Department's Drinking Water Bureau (NMED DWB) has the authority to conduct more frequent sanitary surveys based on water quality concerns or to follow up on previous sanitary surveys. In addition, the NMED DWB may conduct sanitary surveys without advance notice.

How do I prepare for the survey?

Prior to the survey, you will be contacted by the Compliance Officer to arrange a time and date for the inspection. We want your sanitary survey to be successful, this guidance will help you prepare and address significant deficiencies. You should:

- ☐ **Set aside time for the Compliance Officer.** Plan on having someone knowledgeable of the water system take the Compliance Officer through the system and the files. It is possible that one person will be more qualified to walk the Compliance Officer through the physical system and someone else will have more knowledge of the monitoring, compliance and data aspects.
- ☐ **Be prepared to access all parts of the system.** This includes accessing each source, tank, treatment facility, vault hatches, pump stations and pressure reducing stations. Ensure keys are available for all locked facilities, gated areas, ladder extensions, and safety equipment if needed to access tanks.
- ☐ **Have records on hand.** This includes well logs, monitoring records, RTCR monitoring plan, Stage 1 or Stage 2 Disinfection Byproducts monitoring plan (if applicable), and Lead & Copper Monitoring Plan (if Applicable), past sanitary survey reports, and as-built drawings.
- ☐ **Have questions prepared for the Compliance Officer.** This is an excellent opportunity to address any questions you may have regarding monitoring, reporting results, compliance, public notification requirements, etc.

Before the sanitary survey

Who should attend your sanitary survey?

1. Certified System Operator(s)
2. Administrative Contacts
3. Owners or Water System Decision makers.

Please prepare for questions about general operations, management, security, and specific technical questions.

How long will the sanitary survey take?

Sanitary Surveys can take several hours to several days to complete, depending on the complexity of the water system being inspected.

Ensuring that you are prepared for the sanitary survey will help to make the inspection process proceed quickly and efficiently.

- ☐ Inventory all structures, man-made materials, and land use within 100 feet of any water source. Identify all microbial and chemical contaminant threats. Prepare a plan to eliminate or mitigate them. Discuss your plan and provide a copy to the Compliance Officer during the survey.
- ☐ Inspect your water source facilities. Verify the integrity of seals and screens used to keep contaminants out of the well casing or spring box.
- ☐ Inspect your Storage Tank Facilities. Verify the roof hatch, vent, and roof structure are weatherproof. Verify the integrity of the screens installed over the vent and overflow outlet.
- ☐ Be prepared to provide current photographs of the parts of your water system the Compliance Officer may not be able to access. For example, photograph the storage tank roof that must be climbed. Photographs should verify all storage tank roof vents, hatches, overflows, drains and openings where the level gauge wire enters each tank are sealed or properly screened to keep contaminants out.
- ☐ Your storage tank overflow pipe outlet should terminate 12-18 inches above the ground surface and appropriately screened or covered with a hinged flap valve.
- ☐ A raw source water sample tap must be on each source.
- ☐ Each well house, pump station, and storage tank should be secure from unauthorized access.
- ☐ Animals should not be able enter your buildings.
- ☐ The outlet pipe for any pump control valve or vacuum relief valve should have an approved air gap and screen.
- ☐ Water treatment chemicals that come in contact with water intended for consumption must be NSF-approved for use in potable water. Any hard-piped water supply into the chemical solution tank should be built with an air gap or equipped with an approved reduced pressure backflow assembly.

Significant Deficiencies

Significant deficiencies include, but are not limited to, defects in design, operation, or maintenance, or a failure or malfunction of the sources, treatment, storage, or distribution system that the State determines to be causing, or have potential for causing, the introduction of contamination into the water delivered to consumers

To protect public health, significant deficiencies require corrective action.

During and after your sanitary survey

- ☐ Water system personnel will accompany the Compliance Officer to provide a tour of the water system facilities, pump house, treatment unit, storage, booster pumps, distribution system, and so on. Water system personnel must be present for the entire visit, and should be able to answer questions about the water system.
- ☐ The Compliance Officer will e-mail a completed survey letter and report of findings to the Administrative Contact. Be sure to read the report thoroughly, and review any deficiencies identified during the inspection.
- ☐ Complete the Corrective Action Plan (CAP) at the end of the report and return to the Compliance Officer, within 30 days of receiving the report. Note the schedule of corrective actions and timeframes necessary to address any deficiencies identified during the survey.
- ☐ Significant deficiencies and significant findings must be addressed by the assigned due date. Please review any observations and recommendations noted in the survey report.
- ☐ Provide appropriate compliance documentation supporting and proving necessary corrections have been completed. An extension request must be made by water system personnel, if any deficiencies cannot be completed by the deadline.
- ☐ All extension requests must include an updated corrective action plan indicating dates deficiencies will be corrected. Any proposed corrective action plans must be approved by compliance staff. Water systems with any significant deficiencies left unaddressed, will remain out of compliance until the deficiencies are corrected.

Items to Have Available

- Water testing equipment: colorimeter/turbidimeter
- Paper and pencil or pen for notes
- Camera

- ☐ Keep a copy of the survey results and all related documentation and correspondence (including your own) for your records.
- ☐ Don't wait for the next sanitary survey: Make self-inspections of source and storage tank vents, covers, seals, and screens part of your routine operations and maintenance program.

Record Keeping and Retention Periods

All Public Water Systems	
Bacteriological Analysis	5 Years
Chemical Analysis	10 Years
Actions to correct significant deficiencies or violations	3 years
Sanitary Survey reports and subsequent correspondence	10 years
Sampling Plans	Indefinitely or until these documents have been updated to new versions
Significant correspondence with NMED DWB (e.g. engineering applications & subsequent correspondence, engineering approval/denial letters, etc.)	Indefinitely
Public Notice Information	3 Years after issuance of the Public Notice

Community Water Systems	
Emergency Response Plans, Operations & Maintenance Plans	Indefinitely or until these documents have been updated to new versions
Lead & Copper Records	12 Years
Disinfectant/disinfection by-products Records	Up to 10 Years
Consumer confidence reports (CWS only)	3 Years

Subpart H Water Systems (Surface Water or Ground Water Under the Direct Influence of Surface Water)	
Turbidity Results	5 Years
Disinfection Profile/benchmark	Indefinitely
Long Term 2 Surface Water Treatment Rule Information	10 Years

When in doubt about record retention for your public water system's records, it is best to keep a copy.

Correcting Significant Deficiencies

Public Water System deficiencies that are critical enough to warrant designation as “significant deficiencies” must be corrected within required timeframes. The resolution may include immediate corrective action or may require an NMED DWB approved compliance schedule – depending on the nature of the problem.

Failure to correct significant deficiencies is an enforceable violation.

Any changes to the system including construction, alteration, or extensions must meet engineering plan and specification review requirements *before* they occur. Information on engineering plan and specification requirements can be located at <https://www.env.nm.gov/dwb/watersystemmodificationdesignconstruction.htm>



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

RE: Notice of Violation— Failure to Undergo a Sanitary Survey

Dear «Admin_Contact_Name»:

This letter serves as Notice of Violation that the «System_Name» water system failed to undergo a sanitary survey within [three (3) years (Community public water system) OR five (5) years (Non-Community water system)] from the last sanitary survey. The last sanitary survey was performed on «Date» by «Staff_Name» of the New Mexico Environment Department Drinking Water Bureau (DWB), pursuant to Section 20.7.10.100 NMAC [incorporating 40 CFR Section 141.21 (d)(3)].

Based on the failure to undergo a sanitary survey within the specified timeframe, the «System_Name» water system must notify customers of this violation as required in 20.7.10.100 NMAC [incorporating 40 CFR Part 141 Subpart Q, Appendix A (IV)(G)]. The DWB has assessed the failure to undergo a sanitary survey as a Tier 2 violation and therefore requires public notice pursuant to 20.7.10.100 NMAC [incorporating 40 CFR Section 141.203(b)(1) and 141.203(b)(2)]. The notice must be provided within thirty (30) days of receipt of this letter to all customers and others who drink the water and must be issued every three (3) months as long as the failure to undergo a sanitary survey persists. In addition, public notice must be provided by one other method reasonably expected to reach consumers of the water, i.e., publication in a local newspaper or posting in conspicuous locations. This notice must remain posted as long as the violation persists.

Pursuant to 20.7.10.100 NMAC [incorporating 40 CFR Section 141.31(d)] the «System_Name» water system must certify that the notice was published and the method of publication, by submitting a completed copy of the enclosed Public Notification Certification Form to the DWB within 10 days of completing the public notification requirements. A representative copy of each type of notice distributed, published, posted or made available to the persons served by the system must be included with the certification form.

Please fill out and return the enclosed Public Notice Certification Form to:

«Staff_Name»

«Staff_Address»

«Staff_City», «Staff_State» «Staff_Zip»

Or by email to «Staff_Email»

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

«Staff_Address», «Staff_City», «Staff_State» «Staff_Zip» | «Staff_Phone» | www.env.nm.gov

Failure to comply with the public notice requirements will result in an additional violation (failure to notify the public and the state) being issued without notice to the «System_Name» water system. Continued failure to comply with Public Notification Requirements, as defined in 20.7.10.100 NMAC [incorporating 40 CFR Sections 141.203 and 141.31(d)] will result in escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name».

NMED-DWB reserves the right to take additional enforcement action regarding the violations identified in this NOV, to include the issuance of an Administrative Compliance Order compelling compliance and issuing civil penalties.

Contact «Staff_Name» at «Staff_Phone» or e-mail «Staff_Email» to schedule a sanitary inspection of the «System_Name» water system.

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

Enclosures: Public Notice Template
 Public Notice Certification Form

cc: Region Compliance Supervisor (electronic)
 Electronic Central File

Instructions for GWR Failure to Undergo a Sanitary Survey Within Required Time Frame Notice

Template on Following Page

A system's failure to undergo a sanitary survey within required time frame under the Ground Water Rule requires Tier 2 notification. You must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation 20.7.10.100 NMAC [incorporating 40 CFR 141.203(b)]. You must issue a repeat notice every three months for as long as the violation persists.

Community systems must use one of the following methods 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill

Noncommunity systems must use one of the following methods 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]:

- Posting in conspicuous locations
- Hand delivery
- Mail

In addition both community and noncommunity systems must use *another* method reasonably calculated to reach others if they would not be reached by the first method 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]. Such methods could include newspapers, e-mail, or delivery to community organizations. If you mail, post, or hand deliver, print your notice on your system's letterhead if available.

The notice on the reverse is appropriate for mailing, posting, or hand delivery. If you modify this notice, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language on health effects (from Appendix B to Subpart Q) must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with Ground Water Rule treatment technique violations. Depending on the corrective action you are taking, you can use one or more of the following statements, if appropriate, or develop your own text:

- Although we did not meet our deadline, we are now in consultation with the state to develop a corrective action plan.
- The [source of contamination/significant deficiency] has been identified and addressed.
- We have implemented a short-term plan to address the immediate issue while we pursue the long-term solution.

Repeat Notices

For repeat notices, you should state how long the violation has been ongoing and remind consumers of when you sent out any previous notices. If you are making progress with correcting the significant deficiency or addressing the fecal indicator-positive source sample, describe it. Alternatively, if funding or other issues are delaying corrective action, let consumers know.

After Issuing the Notice

Make sure to send The New Mexico Environment Department's Drinking Water Bureau a copy of each type of notice and a certification that you have met all public notification requirements within ten days after issuing the notice 20.7.10.100 NMAC [incorporating 40 CFR 141.31(d)].

****PUBLIC WATER SYSTEM MUST APPROPRIATELY MODIFY THIS PUBLIC NOTICE TO INCLUDE UP-TO-DATE INFORMATION REGARDING THE VIOLATION AS WELL AS INFORMATION ABOUT THE CURRENT STATUS OF THE VIOLATION'S AFFECT ON THE WATER SYSTEM. PUBLIC WATER SYSTEM OFFICIAL MUST DELETE THIS PARAGRAPH ONCE PUBLIC NOTICE HAS BEEN APPROPRIATELY UPDATED, PRIOR TO SENDING OUT TO THE PUBLIC****

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

«System_Name»

Sanitary Survey Not Performed Within Required Timeframe

A drinking water requirement has not been met for our water system. Although this incident was not an emergency, as our customers, you have a right to know what happened and **what we did OR are doing** to correct this situation.

A routine sanitary survey should have been conducted on the «System_Name» water system in [Year]. We did not have the survey completed and are required to notify the public of such failure.

What should I do?

- There is nothing you need to do. You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.

What does this mean?

This is not an emergency. If it had been, you would have been notified within 24 hours.

A sanitary survey is an onsite review of the water source(s) (identifying sources of contamination by using results of source water assessments or other relevant information where available), facilities, equipment, operation, maintenance, and monitoring compliance of a public water system to evaluate the adequacy of the system, its sources and operations and the distribution of safe drinking water.

What is being done?

A Sanitary Survey has been scheduled to be conducted on [Date].

We anticipate resolving the problem within **[estimated time frame]**

OR

The Sanitary Survey was conducted and the problem was resolved on **[give date]]**.

For more information, please contact:

«Admin_Contact_Name» at «Phone»

Or

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

****Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.****



New Mexico Environment

Department - Drinking Water Bureau

Public Notification Certification Form – All Tiers

Requirements Pursuant to 40 CFR 141 (Subpart Q)

****This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers. ****

PWSID#: «WSS» **Water System Name:** «System Name» water system

Violation or Situation Date: [DATE]

Individual Contaminant or Contaminant Group: Failure to undergo a sanitary survey

Violation or Situation Type: Ground Water Rule

Violation or Situation Public Notification Tier: Tier 2

Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201:

- | | |
|---|-------------|
| <input type="checkbox"/> Continuously Post | Date: _____ |
| <input type="checkbox"/> Separate Mailing to Customers | Date: _____ |
| <input type="checkbox"/> Hand Deliver Notice to Customers | Date: _____ |
| <input type="checkbox"/> Publish Notice in Newspaper | Date: _____ |
| <input type="checkbox"/> Release Notice to and Announced by Broadcast Media | Date: _____ |
| <input type="checkbox"/> Post Notice on System Website | Date: _____ |
| <input type="checkbox"/> Billing | Date: _____ |
| <input type="checkbox"/> Annual Report (Consumer Confidence Report) | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

Attach a copy of the posted Public Notice(s) to this certification form.

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141:

Signature of Responsible Official

Date

Printed Name

Title of Responsible Official



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		GWR – Failure to Undergo Sanitary Survey					
System Name:	<u>«System Name»</u>	Staff:	<u>«Staff_Name»</u>	Manager:			
WSS#	<u>«WSS»</u>	Data Steward:		Date:	<u>«Date»</u>		
Violation Type:	<u>28 (GWR)</u>	Enforcement Type	<table border="1"><tr><td>SIA</td><td>SIE</td></tr></table>	SIA	SIE	Determination Date:	<u>«Date»</u>
SIA	SIE						
Water System Facility #:	<u>000</u>	Violation Period(s):					

Comments:

Violation Action
<input checked="" type="checkbox"/> Validate
<input type="checkbox"/> Reject (Needs Area Supervisor)
<input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____	
Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____	
PWSS Group Manager Signature: _____	



Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»; EMAIL

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

RE: < year> Sanitary Survey Report

Dear «Admin_Contact_Name»:

On [Date], the New Mexico Environment Department Drinking Water Bureau (DWB) conducted a sanitary survey site visit at the «System_Name» water system.

(PICK CORRECT PARAGRAPH SECTION BASED ON SYSTEM TYPE)

No deficiencies:

During the sanitary survey, no significant deficiencies were identified. No further action is required resulting from this sanitary survey.

Ground Water Systems with deficiencies:

The «System_Name» water system must submit a written Corrective Action Plan (CAP) to DWB within 30 days of the sanitary survey cover letter date and take corrective action for any significant deficiencies found during the sanitary survey no later than 120 days after the sanitary survey cover letter date, or be in compliance with a DWB-approved schedule and plan for correcting these deficiencies [NMAC 20.7.10.100 incorporating 40 CFR §141.403(a)(4) and §141.403(a)(5)(i)-(ii)]. For your convenience, a CAP form is included at the end of the sanitary survey report. Enter the date of completion or expected completion next to each deficiency listed. Sign and date the form prior to submittal.

Failure to correct and provide documentation of significant deficiency corrections within the established timeframes, will result in treatment technique violation(s) being issued to «System_Name» water system.

Subpart H Systems with deficiencies:

The «System_Name» water system must submit a written Corrective Action Plan to DWB within 45 days of the sanitary survey cover letter date, indicating how and on what schedule the system will address significant deficiencies noted in the survey. For your convenience, a CAP form is included at the end of the sanitary survey report. Enter the date of completion or expected completion next to each deficiency listed. Sign and date the form prior to submittal.

Failure to correct and provide documentation of significant deficiency corrections within the established timeframes, will result in treatment technique violation(s) being issued to «System_Name» water system.

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

«Staff_Address», «Staff_City», «Staff_State» «Staff_Zip» | «Staff_Phone» | www.env.nm.gov

NMED DWB appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's drinking water. If you or members of your staff have any questions or need additional clarification concerning this report, please feel free to contact me at cell phone number or by e-mail at «Staff_Email».

Respectfully,

«Staff_Name», Compliance Officer
Drinking Water Bureau
Water Protection Division

cc: Region Compliance Supervisor (electronic)
Electronic Central File



SANITARY SURVEY REPORT

For

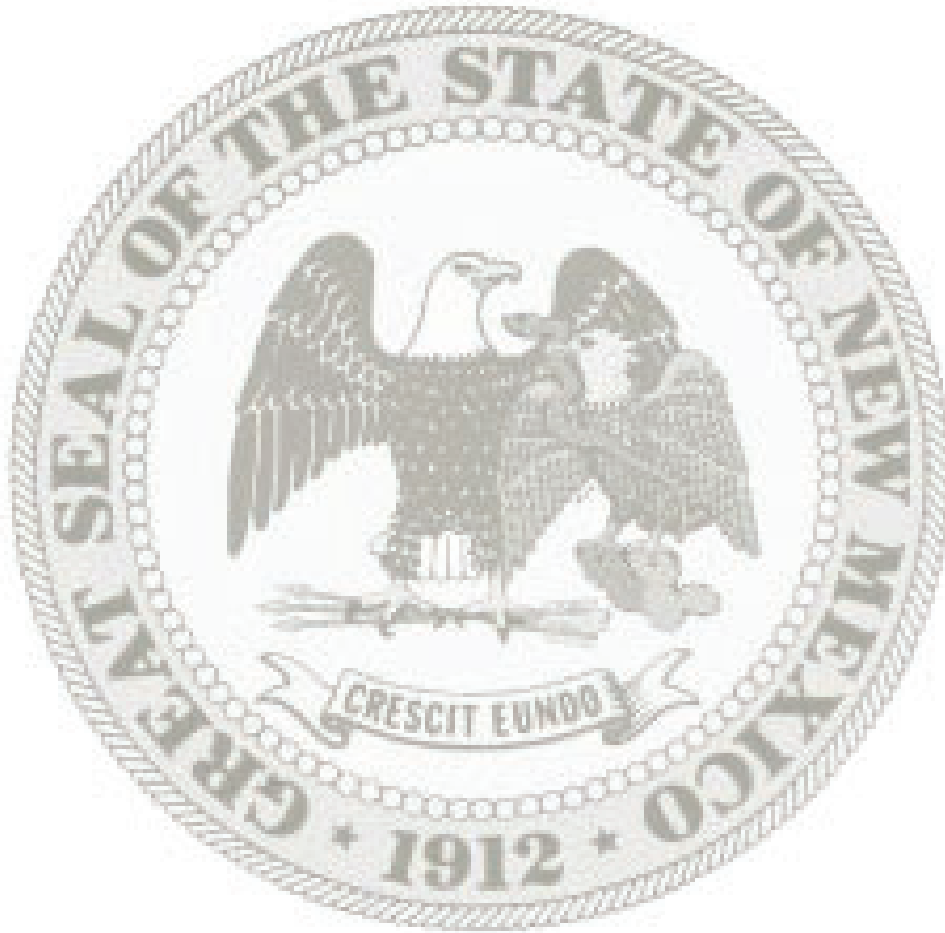
**«System_Name»
«WSS»**

*Este informe contiene información importante acerca de su agua potable.
Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda.*

Prepared by: «Staff_Name»— Compliance Officer
New Mexico Environment Department
«Staff_Address»
«Staff_City», «Staff_State» «Staff_Zip»

**State of New Mexico
Environment Department
Water Protection Division
Drinking Water Bureau**
«Staff_Address»
«Staff_City», «Staff_State» «Staff_Zip»

RECORD OF INSPECTION



This Sanitary Survey Report fulfills the requirements of New Mexico Administrative Code 20.7.10.100 incorporating 40 Code of Federal Regulations 141.21(d) (ii) (2) and 142.16(o)(2) for completing a State approved survey.

Compliance Officer Signature: _____ Date: _____
«Staff_Name», Compliance Officer

INTRODUCTION

A sanitary survey enables the New Mexico Environmental Department Drinking Water Bureau (NMED DWB) to provide a comprehensive review of the components of a water system, to assess the operating condition and adequacy of the water system, and to determine if past recommendations have been implemented effectively. The Sanitary Survey encompasses eight specific elements that are evaluated during the survey. Those eight elements are:

- Source (Protection, Physical Components, and Condition)
- Treatment
- Distribution System
- Finished Water Storage
- Pumps/Pump Facilities and Controls
- Monitoring/Reporting/Data Verification
- Water System Management/Operations
- Operator Compliance with State Requirements

Each element may not be specifically mentioned within this report; however, a significant deficiency or area of concern will be noted if any issues are discovered with any of these eight (8) elements.

The Administrative Contact, for the «System_Name» was given prior notification of the sanitary survey. The preliminary sanitary survey letter provided a list of required records which would be reviewed as part of the sanitary survey as well as a checklist for preparing for the sanitary survey. The letter requested that specific records be provided to the Compliance Officer prior to the sanitary survey.

The sanitary survey was conducted by «Staff_Name» Compliance Officer of the NMED DWB on DATE. Also, in attendance was Administrative Contact NAME and system operator NAME. Add all who attended the survey site visit.

BACKGROUND

The previous sanitary survey at «System_Name» was conducted on PREVIOUS SANITARY SURVEY DATE by Compliance Officer Name. During the previous sanitary survey, [number] significant deficiencies were cited. All significant deficiencies identified during the previous sanitary survey were corrected OR NMED DWB was not provided documentation that the following deficiencies were corrected:

- Lack of a certified operator
 - As of the day of the 2019 sanitary survey, the water system had hired a certified operator and this significant deficiency will be returned to compliance.

- Lack of an adequate operations and maintenance plan
 - The water system was issued a notice of violation for failing to correct this deficiency on January 14, 2016. As of the day of the 2019 sanitary survey, the water system still did not have an operations and maintenance plan.
- Lack of an appropriate well vent on Well #1
 - The water system corrected this deficiency on January 5, 2016.

SYSTEM DESCRIPTION

The «System_Name» water system is a [ground water, surface water, Ground Water Under Direct Influence] system with an approximate population of {Population} with ### total service connections. The population for the «System_Name» was calculated in accordance with 20.7.10.9.A NMAC. The «System_Name» water system is classified as a [transient non-community, Non-transient Non-Community, Community] water system according to the New Mexico Drinking Water Regulations 20.7.10 NMAC. The water system consists of *[Insert brief description of system (e.g. 1 well, 3 storage tanks, 3 pressure tanks, and distribution lines).*

[Insert a thorough description of system flow and treatment].

FIELD ANALYSIS

During the sanitary survey the following field analysis were conducted, and the results are shown below:

- ☐ Pressure - ## psi from the highest point in distribution.
- ☐ Total Source Production - ### Gallons Per Minute
- ☐ Chlorine Residual - ## mg/L free chlorine from distribution system
- ☐ Turbidity - ## NTU from the finished water sampling point

SANITARY SURVEY FINDINGS & CORRECTIVE ACTIONS

Sanitary surveys serve as a proactive public health measure and can provide important information on a water system's design and operations, can identify minor and significant deficiencies for correction before they become major problems, and can improve overall system compliance.

Significant Deficiencies:

A significant deficiency is defined as any deficiency that is causing or has the potential to cause a threat to public health [New Mexico Administrative Code (NMAC) 20.7.10.100 incorporating 40 Code of Federal Regulations (CFR) §141.403(a)(4) or § 141.723(b)]. Public Water Systems are required to take corrective action for all significant deficiencies found during the sanitary survey. Corrective actions taken by the public water system must be acceptable to the DWB.

[number] significant deficiencies were identified at the «System_Name» water system during the sanitary survey. Those significant deficiencies are noted in the attached Significant Deficiency Summary page.

Corrective Action Plans and Corrective Action:

(PICK CORRECT PARAGRAPH BASED ON SYSTEM TYPE. If no deficiencies delete the entire Corrective Action Plan section)

Ground Water Systems with deficiencies:

The «System_Name» water system must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date and take corrective action for any significant deficiencies found during the sanitary survey no later than 120 days after the sanitary survey cover letter date, or be in compliance with a DWB-approved schedule and plan for correcting these deficiencies [NMAC 20.7.10.100 incorporating 40 CFR §141.403(a)(4) and §141.403(a)(5)(i)-(ii)].

Subpart H Systems with deficiencies:

The «System_Name» water system must submit a written Corrective Action Plan to DWB within 45 days of the sanitary survey cover letter date, indicating how and on what schedule the system will address significant deficiencies noted in the survey.

The «System_Name» water system will be held to the above due dates unless an alternate schedule is requested as part of the Corrective Action Plan.

CONCLUSION

The sanitary survey site visit for the «System_Name» water system was completed on [Date].

No deficiencies:

During the sanitary survey, no significant deficiencies were identified. The «System_Name» water system is not required to take further action concerning this sanitary survey.

OR

Failure to submit a Corrective Action Plan or take corrective action for any significant deficiencies identified during the sanitary survey and noted in the attached Significant Deficiency Summary page will result in treatment technique violations as per [NMAC 20.7.10.100 incorporating 40 CFR Part 141 Subpart S] for ground water systems or [NMAC 20.7.10.100 incorporating 40 CFR Part 141 Subpart W] for surface water (Subpart H) systems.

If you have any questions or need additional clarification concerning this report, please contact me at cell phone number or by e-mail at «Staff_Email».

Significant Deficiency Summary

Significant Deficiencies:

A significant deficiency is defined as any deficiency that is causing or has the potential to cause a threat to public health [New Mexico Administrative Code (NMAC) 20.7.10.100 incorporating 40 Code of Federal Regulations (CFR) §141.403(a)(4) or § 141.723(b)].

1. Significant Deficiency Code: 001L

Regulatory Citation: 20.7.10.400.C NMAC

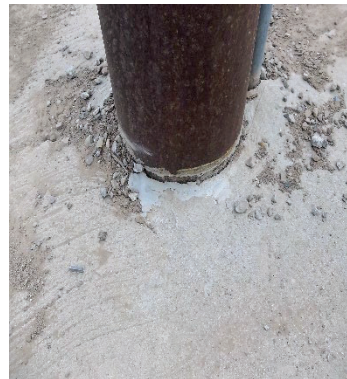
Significant Deficiency Description:

- a) Well #2 (002) was observed to be lacking a proper sanitary seal as shown in the photograph below.
- b) Well #3 (003) was observed to be lacking a proper sanitary seal

Photo Documentation:



a.



b.

Required Corrective Action Plan: The «System_Name» must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date.

Required Corrective Action: The «System_Name» must submit a photograph or other documentation acceptable to DWB, indicating that a proper sanitary seal has been installed on Well #2 & 3

2. Significant Deficiency Code: 004B

Regulatory Citation: 40 CFR 141.403(a)(4)

Significant Deficiency Description: On the day of the Sanitary Survey, the «System_Name» did not provide an adequate emergency response plan for review.

Required Corrective Action Plan: The «System_Name» must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date.

Required Corrective Action: The «System_Name» must submit a copy of an adequate emergency response plan that is specific to their water system.

3. Significant Deficiency Code: 004C

Regulatory Citation: 40 CFR 141.403(a)(4)

Significant Deficiency Description: On the day of the Sanitary Survey, the «System_Name» did not provide an adequate operations & maintenance plan for review.

Required Corrective Action Plan: The «System_Name» must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date.

Required Corrective Action: The «System_Name» must submit a copy of an adequate operations & maintenance plan that is specific to their water system.

4. Significant Deficiency Code: 001J

Regulatory Citation: 20.7.10.400.B

Significant Deficiency Description:

- a) Well #1 (001) did not have adequate site security.
- b) Well #2 (002) did not have adequate site security.

Required Corrective Action Plan: The «System_Name» must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date.

Required Corrective Action: The «System_Name» must submit a photograph or other documentation acceptable to DWB, indicating that adequate site security has been installed on Well #1 and Well #2.

5. Significant Deficiency Code: 002G

Regulatory Citation: 20.7.10.400

Significant Deficiency Description:

- a) Chemicals used for treatment are not ANSI/NSF approved for use in drinking water.

Required Corrective Action Plan: The «System_Name» must submit a written Corrective Action Plan to DWB within 30 days of the sanitary survey cover letter date.

Notes and Recommendations Summary

Notes and Recommendations are defined as any issue which in the estimation of the DWB, is not currently significant enough to be considered as a Significant Deficiency, however, the issue should be further investigated or addressed by the water system so as to not negatively contribute to the poor operations, management, or adequacy of the water system. Recommendations may be escalated to significant deficiencies if they are not addressed before the next sanitary survey.

The following Notes & Recommendations were identified at the «System_Name» water system during the survey.

1. **Notes & Recommendations:** The operations & maintenance plan provided by the «System_Name» appeared to be outdated and in need of updating.

Recommended Action: The «System_Name» should review the contents of their operations and maintenance plan in order to determine if it meets their current needs.

2. **Notes & Recommendations:**

Recommended Action:

3. **Notes & Recommendations:**

Recommended Action:



Sanitary Survey Corrective Action Plan (CAP)

Ground water systems must submit a CAP within 30 days of issuance of the sanitary survey report. Surface water and GWUDI systems must submit a CAP within 45 days of the issuance of the sanitary survey report

PWSS Name	«System_Name»
PWSS ID	«WSS»
Sanitary Survey Date:	DATE
Date report was issued:	DATE

Deficiency Listing– Shaded Section is to be filled out by water system representative

Deficiency Code	Description	Choose one and fill in date:	
		Date Deficiency was addressed	Expected date of completion
Comments:			

If a deficiency has been addressed, submit documentation to the compliance staff listed below. Submit this form to:

«Staff_Name» at «Staff_Email»

Corrective Action Plan submitted by:

Signature

Printed Name

Date



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

Re: Partial Compliance for [YEAR] Sanitary Survey «System_Name»

Dear «Admin_Contact_Name»:

The New Mexico Environment Department's Drinking Water Bureau (NMED DWB) has previously requested that you submit corrective action documentation for the significant deficiencies noted during the Sanitary Survey at «System_Name» conducted on [DATE]. We have received acceptable corrective action documentation from you for all of the significant deficiencies except those listed below:

- SDWIS CODE
 - Significant Deficiency Description
 - The NMED DWB received the corrective action documentation that you submitted for the above referenced significant deficiency, however the corrective action documentation was not accepted because (Reason Corrective Action Documentation was not accepted (if applicable))
- SDWIS CODE
 - Significant Deficiency Description
 - The NMED DWB received the corrective action documentation that you submitted for the above referenced significant deficiency, however the corrective action documentation was not accepted because (Reason Corrective Action Documentation was not accepted (if applicable))

NMED-DWB reserves the right to take additional enforcement action regarding unresolved significant deficiencies identified in the sanitary survey, to include the issuance of Notices of Violations, Administrative Compliance Orders compelling compliance and issuing civil penalties.

If you have any questions or need assistance, please call me at «Staff_Phone» or by e-mail at «Staff_Email».

Respectfully,

«Staff_Name», «Staff_Title»

Drinking Water Bureau

Water Protection Division

Cc: Area Supervisor (electronic)
Electronic Central File



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information	
System Name: <u>«System_Name»</u>	Staff: <u>«Staff_Name»</u> Manager: _____
WSS# <u>«WSS»</u>	Data Steward: _____ Date: <u>«Date»</u>
Violation Type: _____	Enforcement Type SIA SIE Determination Date: <u>«Date»</u>
Water System Facility #: <u>000</u>	Violation Period(s): _____
Comments: _____	
<p>«System_Name» provided acceptable documentation for the following significant deficiencies on <DATE></p> <ul style="list-style-type: none"> Significant Deficiency #1 Significant Deficiency #2 	

Violation Action
<input type="checkbox"/> Validate <input type="checkbox"/> Reject (Needs Area Supervisor Approval Below) <input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)

Approval Required for Deleted or Rejected Violations
AREA SUPERVISOR
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Area Supervisor Comments: _____
Area Supervisor Name: _____ Date: _____ Area Supervisor Signature: _____
PWSS GROUP MANAGER
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
PWSS Group Manager Comments: _____
PWSS Group Manager Name: _____ Date: _____ PWSS Group Manager Signature: _____



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

Re: **YEAR** Sanitary Survey No Further Action Required

Dear «Admin_Contact_Name»:

This letter is to inform you that the New Mexico Environment Department-Drinking Water Bureau (NMED-DWB) has received adequate compliance documentation on **February 7, 2022** to resolve the significant deficiencies documented during the sanitary survey conducted on **August 13, 2021**. Based on the information submitted, no further action is required concerning this survey.

NMED-DWB appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's drinking water. If you or members of your staff have any questions or need additional clarification concerning this report, please feel free to contact me at «Staff_Phone» or by e-mail at «Staff_Email».

Respectfully,

«Staff_Name», «Staff_Title»

Drinking Water Bureau

Water Protection Division

cc: Region Compliance Supervisor (electronic)
Electronic Central File



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		GWR – 30 Day Significant Deficiency	
System Name: <u>«System Name»</u>		Staff: <u>«Staff_Name»</u>	Supervisor _____
WSS# <u>«WSS»</u>	Data Steward: _____	Date: <u>«Date»</u>	
Violation Type: <u>45 (GWR)</u>	Enforcement Type	<u>SIA</u> <u>SIE</u>	Determination Date: <u>«Date»</u>
Water System Facility #: <u>000</u>	Violation Period(s): _____		

Comments:	
SOX all	

Violation Action	
<input type="checkbox"/> Validate <input type="checkbox"/> Reject (Needs Area Supervisor Approval Below) <input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)	

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____ Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____ PWSS Group Manager Signature: _____	



Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name»

«Address»

«City_», «ST» «Zip»

Subject: Significant Deficiency Extension Request Approval

Dear «Admin_Contact_Name»:

The New Mexico Environment Department's Drinking Water Bureau (NMED-DWB) has reviewed the Significant Deficiency Extension Request that was submitted on **March 22, 2016** for the significant deficiencies noted during the Sanitary Survey at the «System_Name» Water System («WSS») conducted on **June 12-14, 2016**.

In the correspondence you state that you would like **an additional 120 days of time** in order to comply with the significant deficiencies noted in the Sanitary Survey. The NMED-DWB **approves** your request. Please submit verification of compliance with all of the significant deficiencies and recommendations no later than **August 1, 2013**. In your correspondence, please include the following information:

- **Deficiency #2- Inadequate setback from PSOCs to Well #14**
 - Please submit photographs of the completed spill containment around Well #14 as well as a specific written emergency plan of action which addresses any potential spills in the immediate vicinity (0-200 feet) of Well #14. The emergency plan should include specific actions to be taken by Kirtland Air Force Base including, but not limited to independent sampling of the well water, shut down procedures for the well and triggers for that shut down, as well as remediation procedures in the event of contamination of the well, surrounding areas, or aquifer.
- **Deficiency #4 – Cross-Connection at ABCWUA west connection**
 - Please submit photographs as well as a written description of repaired leak and installation of a drainage system for this facility.
- **Deficiency #5 – Well #4 Poor housekeeping of system facilities**
 - Please submit photographs as well as a written description of the repairs made to the Well house at Well #4. The repairs should include repair of the roof and/or structural integrity of the well house. The well house should be lockable, intruder resistant, and free of any actual or potential facility damage as a result of the structural integrity of the housing.
- **Deficiency #6 – Poor housekeeping of system facilities**
 - Please submit photographs of the corrected maintenance issues at the Kirtland Air Force Base Water System Facilities, specifically Tank 28032 and 28055 (four hills) facility which had overgrown shrubs, trees, and brush. Please also submit a written operation maintenance plan specific to the Kirtland Air Force Base Public Water System. The plan

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should include written procedures for addressing routine maintenance at the water system.

- Deficiency #7 - Lack of adequate pumping capacity at critical facilities
 - Please submit written verification that the inoperable booster pump(s) at the main pump station have been repaired, replaced, or verification that the pumping capacity at all critical facilities is adequate to meet demand and pressure requirements of the water system. Verification of pumping capacity should include written verification from a licensed professional engineer with documentation to substantiate the required and provided pumping capacity.

Please be advised that failure to correct these Significant Deficiencies within the established timeframe will result in the issuance of violations which may lead escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name» water system.

NMED-DWB appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's drinking water. If have any questions, please feel free to contact me at «Staff_Phone» or at «staff_email»

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

Enclosures: Public Notice Template
 Public Notice Certification Form

cc: Region Compliance Supervisor (electronic)
Electronic Central File



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information	<input checked="" type="checkbox"/> GWR Significant Deficiencies		
System Name: <u>«System Name»</u>	Staff: <u>«Staff_Name»</u>	Manager: _____	
WSS# <u>«WSS»</u>	Data Steward: _____	Date: <u>«Date»</u>	
Violation Type: <u>99</u>	Enforcement Type	<input type="checkbox"/> SIA <input type="checkbox"/> SIE	Determination Date: <u>«Date»</u>
Water System Facility #: <u>000</u>	Violation Period(s): _____		

Comments:	
The <u>«System Name»</u> has been given a XX Day Extension to comply with the above referenced Significant Deficiencies.	

Violation Action	
<input type="checkbox"/> Validate <input type="checkbox"/> Reject (Needs Area Supervisor Approval Below) <input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)	

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____	
Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____	
PWSS Group Manager Signature: _____	



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»
«System_Name»; «WSS»
«Address»
«City_», «ST» «Zip»

Subject: Significant Deficiency Extension Request DENIAL

Dear «Admin_Contact_Name»:

The New Mexico Environment Department's Drinking Water Bureau (NMED-DWB) has reviewed the Significant Deficiency Extension Request that was submitted on **March 22, 2021** for the significant deficiencies noted during the Sanitary Survey at the «System_Name» conducted on **June 12-14, 2021**. In the correspondence, you state that you would like **an additional 120 days of time** in order to comply with the significant deficiencies noted in the Sanitary Survey.

The NMED-DWB **DENIES** your request for an extension.

- Deficiency #1 – No well vent at Well #1
 - NMED-DWB feels that adequate time was provided for the installation of a well vent.
- Deficiency #2 – No well vent at Well #1
 - NMED-DWB feels that adequate time was provided for the installation of a well vent.
- Deficiency #3 – No well vent at Well #1
 - NMED-DWB feels that adequate time was provided for the installation of a well vent.

Please be advised that failure to correct all Significant Deficiencies within the established timeframe will result in the issuance of violations which may lead escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name» water system.

NMED-DWB appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's drinking water. If have any questions, please contact me at «Staff_Phone» or by email at «staff_email»

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

cc: Region Compliance Supervisor (electronic)
Electronic Central File

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

«Staff_Address», «Staff_City», «Staff_State» «Staff_Zip» | «Staff_Phone» | www.env.nm.gov



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		<input checked="" type="checkbox"/> GWR Significant Deficiencies			
System Name:	«System Name»	Staff:	«Staff_Name»	Supervisor:	
WSS#	«WSS»	Data Steward:		Date:	«Date»
Violation Type:	99	Enforcement Type	SIA SIE	Determination Date:	«Date»
Water System Facility #:	000	Violation Period(s):			

Comments:
The «System Name» has been given a XX Day Extension to comply with the above referenced Significant Deficiencies.

Violation Action
<input type="checkbox"/> Validate
<input type="checkbox"/> Reject (Needs Area Supervisor Approval Below)
<input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____	
Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____	
PWSS Group Manager Signature: _____	



Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

RE: Notice of Violation: Failure to Submit Corrective Action Plan

Dear «Admin_Contact_Name»:

This letter serves as Notice of Violation that the «System_Name» water system failed to submit a corrective action plan for significant deficiencies identified during the **YEAR** sanitary survey performed by «Staff_Name» of the New Mexico Environment Department-Drinking Water Bureau (NMED-DWB). Pursuant to Section 20.7.10.100 NMAC [incorporating 40 CFR Section 141.401 (Sanitary surveys for ground water systems)], public water systems must undergo an onsite inspection (Sanitary Survey) of the water source, facilities, equipment, operation, maintenance and monitoring compliance of a public water system to evaluate the adequacy of the system, its sources and operations and the distribution of safe drinking water.

The NMED-DWB provided the «System_Name» water system a copy of the completed sanitary survey report identifying significant deficiencies. The «System_Name» is required to consult with NMED-DWB regarding the appropriate corrective actions within 30 days of the sanitary survey report letter date as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.403 (a) (4)]. The NMED-DWB approved corrective action plan must include timeframes to correct said deficiencies. Additionally, 20.7.10.100 NMAC [incorporating 141.403 (a) (5)] requires the «System_Name» water system within 120 days of the sanitary survey report letter date to complete the corrective action in accordance with applicable NMED-DWB plan review processes including NMED-DWB specified interim measures or be in compliance with a NMED-DWB approved corrective action plan and schedule.

To date, NMED-DWB has not received the corrective action plan. Consequently, the «System_Name» water system is not in compliance with the regulations of the Safe Drinking Water Act (SDWA). Please review the deficiencies identified in the enclosed copy of the sanitary survey letter and provide NMED-DWB the corrective action plan as soon as possible. If the «System_Name» water system has already corrected the deficiencies, submit documentation that verifies the deficiencies have been corrected.

Based on the failure to provide the corrective action plan for the significant deficiencies identified, the NMED-DWB requires the «System_Name» water system to notify customers as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.204 (b) (1) and 141.204 (b) (2)]. The notice must be provided to all customers and others who drink the water by mail or direct delivery as soon as practical but no later than one year from the date of this letter and must be issued annually until the significant deficiency is corrected. Additionally, as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.403(a)(7)(i)] the public water system must notify the public of any significant deficiency that has not been corrected and continue to inform the public annually until the significant deficiency is corrected.

Pursuant to 20.7.10.100 NMAC [incorporating 40 CFR Section 141.31(d)] the «System_Name» water system must certify that the notice was published and the method of publication, by submitting a completed copy of the enclosed Public Notification Certification Form to the DWB within 10 days of the public notice being provided to customers. A representative copy of each type of notice distributed, published, posted or made available to the persons served by the system must be included with the certification form.

Please fill out and return the enclosed Public Notice Certification Form to:

«Staff_Name»
«Staff_Address»
«Staff_City», «Staff_State» «Staff_Zip»

Or by email to «Staff_Email»

Failure to comply with the public notice requirements will result in an additional violation (failure to notify the public and the state) being issued without notice to the «System_Name» water system. Continued failure to comply with Public Notification Requirements, as defined in 20.7.10.100 NMAC [incorporating 40 CFR Sections 141.403(a)(7)(i-ii) and 141.31(d)] will result in escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name» water system.

NMED-DWB reserves the right to take additional enforcement action regarding the violations identified in this NOV, to include the issuance of an Administrative Compliance Order compelling compliance and issuing civil penalties.

If you have any questions or need assistance, please contact me at «Staff_Phone» or by e-mail at «Staff_Email».

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

Enclosures: Public Notice Template
 Public Notice Certification Form

cc: Region Compliance Supervisor (electronic)
 Electronic Central File

Instructions for GWR Failure to prove a Corrective Action Plan

Template on Following Page

If you are required to provide Tier 3 notification, you must provide public notice to persons served within one year after you learn of the violation 20.7.10.100 NMAC [incorporating 40 CFR 141.204(b)]. Multiple monitoring violations can be serious, and the NMED DWB may have more stringent requirements. Check with the NMED DWB to make sure you meet its requirements.

Community systems must use one of the following 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill

Noncommunity systems must use one of the following 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]:

- Posting in conspicuous locations
- Hand delivery
- Mail

In addition, both community and noncommunity systems must use another method reasonably calculated to reach others if they would not be reached by the first method 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]. Such methods could include newspapers, e-mail, or delivery to community organizations. If you post the notice, it must remain posted until the violation is resolved. If the violation has already been resolved, you must post the notice for at least seven days 20.7.10.100 NMAC [incorporating 40 CFR 141.204(b)]. If you mail, post, or hand deliver, print your notice on your system's letterhead, if available.

The notice on the following page is appropriate for insertion in an annual notice or the Consumer Confidence Report (CCR), as long as public notification timing and delivery requirements are met 20.7.10.100 NMAC [incorporating 40 CFR 141.204(d)]. You may need to modify the template for a notice for individual monitoring violations. This example presents violations in a table; however, you may write out an explanation for each violation if you wish. For any monitoring violation for volatile organic compounds (VOCs) or other groups, you may list the group name in the table, but you must provide the name of every chemical in the group on the notice, e.g., in a footnote.

You may need to modify the notice if you had any monitoring violations for which monitoring later showed a maximum contaminant level or other violation. In such cases, you should refer to the public notice you issued at that time. If you do modify the notice, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language for monitoring and testing procedure violations 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)] must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Corrective Action

In your notice, describe corrective actions you took, or are taking. Listed below are some steps commonly taken by water systems with monitoring violations. You can use the following language, if appropriate, or develop your own:

- We have since taken the required samples, as described in the last column of the table above. The samples showed we are meeting drinking water standards.
- We have since taken the required samples, as described in the last column of the table above. The sample for [contaminant] exceeded the limit. [Describe corrective action; use information from public notice prepared for violating the limit.]
- We plan to take the required samples soon, as described in the last column of the table above.

After Issuing the Notice

Make sure to send the NMED DWB a copy of each type of notice and a certification that you have met all the public notice requirements within ten days after issuing the notice 20.7.10.100 NMAC [incorporating 40 CFR 141.31(d)].

****PUBLIC WATER SYSTEM MUST APPROPRIATELY MODIFY THIS PUBLIC NOTICE TO INCLUDE UP-TO-DATE INFORMATION REGARDING THE VIOLATION AS WELL AS INFORMATION ABOUT THE CURRENT STATUS OF THE VIOLATION'S AFFECT ON THE WATER SYSTEM. PUBLIC WATER SYSTEM OFFICIAL MUST DELETE THIS PARAGRAPH ONCE PUBLIC NOTICE HAS BEEN APPROPRIATELY UPDATED, PRIOR TO SENDING OUT TO THE PUBLIC****

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER
«System_Name» Failed to Submit Corrective Action Within Required Time Frame

Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda

Our water system recently violated a drinking water requirement. Although this incident was not an emergency, as our customers, you have a right to know what happened and **what we did (are doing)** to correct this situation.

A routine sanitary survey conducted on [give date] by Your Name with the New Mexico Environment Department-Drinking Water Bureau (NMED DWB) found **[describe significant deficiencies in our water system]**.

- 1. EXAMPLE - No written sampling plan for total coliform rule**
- 2. EXAMPLE - No written sampling plan for lead and copper rule**

We were to consult with the NMED-DWB regarding the appropriate corrective actions within 30 days as required by Environmental Protection Agency's (EPA's) Ground Water Rule. However, we failed to take these actions by the deadlines established by the NMED DWB.

What should I do?

- There is nothing you need to do. You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.
- If you have a severely compromised immune system, have an infant, are pregnant, or are elderly, you may be at increased risk and should seek advice from your health care providers about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791.

What does this mean?

This is not an emergency. If it had been, you would have been notified within 24 hours.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

What is being done?

[Describe corrective action.] We anticipate resolving the problem within **[estimated time frame]** (or the problem was resolved on **[give date]**).

For more information, please contact:

«Admin_Contact_Name» at «Admin_Contact_Phone»
«System_Name», «WSS»
«Address»
«City_», «ST» «Zip»

****Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.****



New Mexico Environment Department - Drinking Water Bureau

Public Notification Certification Form – All Tiers

Requirements Pursuant to 40 CFR 141 (Subpart Q)

****This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers. ****

PWSID#: «WSS» **Water System Name:** «System Name»

Violation or Situation Date: [DATE]

Individual Contaminant or Contaminant Group: 20-Ground Water Rule

Violation or Situation Type: Failure to submit a Corrective Action Plan within 30 days

Violation or Situation Public Notification Tier: Tier 3

Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201:

- | | |
|---|-------------|
| <input type="checkbox"/> Continuously Post | Date: _____ |
| <input type="checkbox"/> Separate Mailing to Customers | Date: _____ |
| <input type="checkbox"/> Hand Deliver Notice to Customers | Date: _____ |
| <input type="checkbox"/> Publish Notice in Newspaper | Date: _____ |
| <input type="checkbox"/> Release Notice to and Announced by Broadcast Media | Date: _____ |
| <input type="checkbox"/> Post Notice on System Website | Date: _____ |
| <input type="checkbox"/> Billing | Date: _____ |
| <input type="checkbox"/> Annual Report (Consumer Confidence Report) | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

Attach a copy of the posted Public Notice(s) to this certification form.

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141:

Signature of Responsible Official

Date

Printed Name

Title of Responsible Official



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		GWR – 30 Day Significant Deficiency CAP	
System Name: <u>«System_Name»</u>		Staff: <u>«Staff_Name»</u>	Manager: _____
WSS#: <u>«WSS»</u>	Data Steward: _____	Date: <u>«Date»</u>	
Violation Type: <u>20 (GWR)</u>	Enforcement Type: <u>SIA</u> <u>SIE</u>	Determination Date: <u>«Date»</u>	
Water System Facility #: <u>000</u>	Violation Period(s): _____		

Comments:	Please migrate the attached notice of violation for Failure to Submit Corrective Action Plan . Please also attach a Tier 3 Public Notice.
-----------	--

Violation Action	<input type="checkbox"/> Validate <input type="checkbox"/> Reject (Needs Area Supervisor Approval Below) <input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)
------------------	--

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____ Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____ PWSS Group Manager Signature: _____	



MICHELLE LUJAN GRISHAM
GOVERNOR

JAMES C. KENNEY
CABINET SECRETARY

Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

RE: Notice of Violation— Ground Water Rule
Failure to Correct Significant Deficiencies

Dear «Admin_Contact_Name»:

This letter serves as Notice of Violation that the «System_Name» water system failed to correct significant deficiencies identified during the **YEAR** sanitary survey performed by the New Mexico Environment Department-Drinking Water Bureau (NMED-DWB). Pursuant to Section 20.7.10.101 NMAC [incorporating 40 CFR Section 141.401 (Sanitary surveys for ground water systems)], public water systems must undergo an onsite inspection (Sanitary Survey) of the water source, facilities, equipment, operation, maintenance and monitoring compliance of a public water system to evaluate the adequacy of the system, its sources and operations and the distribution of safe drinking water.

The NMED-DWB provided the «System_Name» water system a copy of the completed sanitary survey report identifying significant deficiencies. 20.7.10.100 NMAC [incorporating 141.403 (a) (5)] requires the «System_Name» water system within 120 days of the sanitary survey report letter date, to complete the corrective action in accordance with applicable NMED-DWB plan review processes including NMED-DWB specified interim measures or be in compliance with a NMED-DWB approved corrective action plan and schedule.

To date, NMED-DWB has not received documentation verifying compliance with the significant deficiencies noted during the Sanitary Survey. Consequently, the «System_Name» water system is not in compliance with the regulations of the Safe Drinking Water Act (SDWA). If the «System_Name» water system has already corrected the deficiencies, submit documentation that verifies the deficiencies have been corrected.

Based on the failure to correct the significant deficiencies identified, the NMED-DWB requires the «System_Name» water system to notify customers of this Tier 2 violation as required in 20.7.10.100 NMAC [incorporating 40 CFR Section §141.203 (b)(i)]. Public Notice must be made within 30 days of this letter. The notice must be repeated every three months until the significant deficiency is corrected. Additionally, as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.403(a)(7)(i)] **OR** [141.403(a)(7)(ii)] the public water system must notify the public of any significant deficiency that has not been corrected and continue to inform the public annually until the significant deficiency is corrected.

Pursuant to 20.7.10.100 NMAC [incorporating 40 CFR Section 141.31(d)] the «System_Name» water system must certify that the notice was published and the method of publication, by submitting a completed copy of the enclosed Public Notification Certification Form to the DWB within 10 days. A

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«Staff_Address», «Staff_City», «Staff_State» «Staff_Zip» | «Staff_Phone» | www.env.nm.gov

representative copy of each type of notice distributed, published, posted or made available to the persons served by the system must be included with the certification form.

Please fill out and return the enclosed Public Notice Certification Form to:

«Staff_Name»
«Staff_Address»
«Staff_City», «Staff_State» «Staff_Zip»

Or by email to «Staff_Email»

Failure to comply with the public notice requirements will result in an additional violation being issued without notice to the «System_Name» water system and reported to the Environmental Protection Agency. Continued failure to comply with Public Notification Requirements, as defined in 20.7.10.100 NMAC [incorporating 40 CFR Sections 141.403(a)(7)(i-ii) and 141.31(d)] will result in escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name» water system.

NMED-DWB reserves the right to take additional enforcement action regarding the violations identified in this NOV, to include the issuance of an Administrative Compliance Order compelling compliance and issuing civil penalties.

If you have any questions or need assistance, please contact me at «Staff_Phone», or by e-mail at «Staff_Email».

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

Enclosures: Public Notice Template
 Public Notice Certification Form

cc: Region Compliance Supervisor (electronic)
 Electronic Central File

Instructions for GWR Failure to Take Corrective Action Within Required Time Frame Notice

Template on Following Page

A system's failure to take correct significant deficiencies under the Ground Water Rule is a treatment technique violation and requires Tier 2 notification. You must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation 20.7.10.100 NMAC [incorporating 40 CFR 141.203(b)]. You must issue a repeat notice every three months for as long as the violation persists.

Community systems must use one of the following methods 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill

Noncommunity systems must use one of the following methods 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]:

- Posting in conspicuous locations
- Hand delivery
- Mail

In addition both community and noncommunity systems must use *another* method reasonably calculated to reach others if they would not be reached by the first method 20.7.10.100 NMAC [incorporating 40 CFR 141.203(c)]. Such methods could include newspapers, e-mail, or delivery to community organizations. If you mail, post, or hand deliver, print your notice on your system's letterhead if available.

The notice on the reverse is appropriate for mailing, posting, or hand delivery. If you modify this notice, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language on health effects (from Appendix B to Subpart Q) must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with Ground Water Rule treatment technique violations. Depending on the corrective action you are taking, you can use one or more of the following statements, if appropriate, or develop your own text:

- Although we did not meet our deadline, we are now in consultation with the state to develop a corrective action plan.
- The [source of contamination/significant deficiency] has been identified and addressed.
- We have implemented a short-term plan to address the immediate issue while we pursue the long-term solution.

Repeat Notices

For repeat notices, you should state how long the violation has been ongoing and remind consumers of when you sent out any previous notices. If you are making progress with correcting the significant deficiency or addressing the fecal indicator-positive source sample, describe it. Alternatively, if funding or other issues are delaying corrective action, let consumers know.

After Issuing the Notice

Make sure to send The New Mexico Environment Department's Drinking Water Bureau a copy of each type of notice and a certification that you have met all public notification requirements within ten days after issuing the notice 20.7.10.100 NMAC [incorporating 40 CFR 141.31(d)].

****PUBLIC WATER SYSTEM MUST APPROPRIATELY MODIFY THIS PUBLIC NOTICE TO INCLUDE UP-TO-DATE INFORMATION REGARDING THE VIOLATION AS WELL AS INFORMATION ABOUT THE CURRENT STATUS OF THE VIOLATION'S AFFECT ON THE WATER SYSTEM. PUBLIC WATER SYSTEM OFFICIAL MUST DELETE THIS PARAGRAPH ONCE PUBLIC NOTICE HAS BEEN APPROPRIATELY UPDATED, PRIOR TO SENDING OUT TO THE PUBLIC****

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

«System_Name» Failed to Correct Significant Deficiencies Within Required Time Frame

Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda

Our water system recently violated a drinking water requirement. Although this incident was not an emergency, as our customers, you have a right to know what happened and **what we did (are doing)** to correct this situation.

A routine sanitary survey conducted on **give date** by the New Mexico Environment Department-Drinking Water Bureau (NMED DWB) found **[describe significant deficiencies in our water system]**.

- 1. EXAMPLE - No written sampling plan for total coliform rule**
- 2. EXAMPLE - No written sampling plan for lead and copper rule**

As required by Environmental Protection Agency's (EPA's) Ground Water Rule, we were required to correct these deficiencies. However, we failed to take this action by the deadline established by the NMED DWB.

What should I do?

- There is nothing you need to do. You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.
- If you have a severely compromised immune system, have an infant, are pregnant, or are elderly, you may be at increased risk and should seek advice from your health care providers about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791.

What does this mean?

This is not an emergency. If it had been, you would have been notified within 24 hours.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

What is being done?

[Describe corrective action.] We anticipate resolving the problem within **[estimated time frame]** (or the problem was resolved on **[give date]**).

For more information, please contact:

«Admin_Contact_Name» at «Admin_Contact_Phone»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.



New Mexico Environment

Department - Drinking Water Bureau

Public Notification Certification Form – All Tiers

Requirements Pursuant to 40 CFR 141 (Subpart Q)

****This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers. ****

PWSID#: «WSS» **Water System Name:** «System Name»

Violation or Situation Date: GIVE DATE

Individual Contaminant or Contaminant Group: 45-120 day Ground Water Rule (Treatment Technique)

Violation or Situation Type: Failure to resolve significant deficiencies

Violation or Situation Public Notification Tier: Tier 2

Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201:

- | | |
|---|-------------|
| <input type="checkbox"/> Continuously Post | Date: _____ |
| <input type="checkbox"/> Separate Mailing to Customers | Date: _____ |
| <input type="checkbox"/> Hand Deliver Notice to Customers | Date: _____ |
| <input type="checkbox"/> Publish Notice in Newspaper | Date: _____ |
| <input type="checkbox"/> Release Notice to and Announced by Broadcast Media | Date: _____ |
| <input type="checkbox"/> Post Notice on System Website | Date: _____ |
| <input type="checkbox"/> Billing | Date: _____ |
| <input type="checkbox"/> Annual Report (Consumer Confidence Report) | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

Attach a copy of the posted Public Notice(s) to this certification form.

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141:

Signature of Responsible Official

Date

Printed Name

Title of Responsible Official



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		GWR – 120 Day Significant Deficiency Exceedance			
System Name:	«System Name»	Staff:	«Staff_Name»		Manager:
WSS#	«WSS»	Data Steward:			Date: «Date»
Violation Type:	45 (GWR)	Enforcement Type	SIA	SIE	Determination Date: «Date»
Water System Facility #:	000	Violation Period(s):			

Comments:
Please migrate attached 120 day NOV.

Violation Action
<input checked="" type="checkbox"/> Validate
<input type="checkbox"/> Reject (Needs Area Supervisor)
<input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____	
Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____	
PWSS Group Manager Signature: _____	



Notification Provided Via Electronic mail

«Date»

«Admin_Contact_Name»

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

RE: Notice of Violation - Failure to Respond to Significant Deficiencies

Dear «Admin_Contact_Name»:

This letter serves as Notice of Violation that the «System_Name» water system failed to respond to the significant deficiencies identified during the DATE sanitary survey performed by «Staff_Name» of the New Mexico Environment Department-Drinking Water Bureau (NMED-DWB).

The NMED-DWB provided the «System_Name» water system a copy of the completed sanitary survey report identifying significant deficiencies. The «System_Name» water system is required to respond in writing (via written corrective action plan) to significant deficiencies identified in sanitary survey reports no later than 45 days of the report, indicating how and on what schedule the system will address significant deficiencies noted in the survey. as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.723(c).

The NMED-DWB approved corrective action plan must include timeframes to correct said deficiencies. Additionally, 20.7.10.100 NMAC [incorporating 141.723(d)] requires the «System_Name» water system to correct significant deficiencies identified in sanitary survey reports according to the corrective action schedule approved by NMED DWB.

To date, NMED-DWB has not received a response to the significant deficiencies identified in the Sanitary Survey Report. Consequently, the «System_Name» water system is not in compliance with the regulations of the Safe Drinking Water Act (SDWA). Please review the deficiencies identified in the enclosed copy of the sanitary survey letter and provide NMED DWB the corrective action plan as soon as possible. If the «System_Name» water system has already corrected the deficiencies, submit documentation that verifies the deficiencies have been corrected.

Based on the failure to respond to the significant deficiencies identified in the Sanitary Survey Report, the NMED-DWB requires the «System_Name» water system to notify customers as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.204 (b) (1) and 141.204 (b) (2)]. The notice must be provided to all customers and others who drink the water by mail or direct delivery as soon as practical but no later than one year of receipt of this letter and must be issued annually until the significant deficiency is corrected.

Pursuant to 20.7.10.100 NMAC [incorporating 40 CFR Section 141.31(d)] the «System_Name» water system must certify that the notice was published and the method of publication, by submitting a completed copy of the enclosed Public Notification Certification Form to the DWB within 10 days of the

public notice being provided to customers. A representative copy of each type of notice distributed, published, posted or made available to the persons served by the system must be included with the certification form.

Please fill out and return the enclosed Public Notice Certification Form to:

«Staff_Name»
«Staff_Address»
«Staff_City», «Staff_State» «Staff_Zip»

Or by email to «Staff_EMail»

Failure to comply with the public notice requirements will result in an additional violation (failure to notify the public and the state) being issued without notice to the «System_Name» water system. Continued failure to comply with Public Notification Requirements, as defined in 20.7.10.100 NMAC [incorporating 40 CFR Sections 141.723] will result in escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the «System_Name» water system.

NMED DWB reserves the right to take additional enforcement action regarding the violations identified in this NOV, to include the issuance of an Administrative Compliance Order compelling compliance and issuing civil penalties.

If you have any questions or need assistance, please contact me at «Staff_Phone» or by e-mail at «Staff_EMail».

Respectfully,

«Staff_Name», «Staff_Title»
Drinking Water Bureau
Water Protection Division

Enclosures: Public Notice Template
 Public Notice Certification Form

cc: Region Compliance Supervisor (electronic)
 Electronic Central File

Instructions for GWR Failure to respond to Significant Deficiencies

Template on Following Page

If you are required to provide Tier 3 notification, you must provide public notice to persons served within one year after you learn of the violation 20.7.10.100 NMAC [incorporating 40 CFR 141.204(b)]. Multiple monitoring violations can be serious, and the NMED DWB may have more stringent requirements. Check with the NMED DWB to make sure you meet its requirements.

Community systems must use one of the following 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill

Noncommunity systems must use one of the following 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]:

- Posting in conspicuous locations
- Hand delivery
- Mail

In addition, both community and noncommunity systems must use another method reasonably calculated to reach others if they would not be reached by the first method 20.7.10.100 NMAC [incorporating 40 CFR 141.204(c)]. Such methods could include newspapers, e-mail, or delivery to community organizations. If you post the notice, it must remain posted until the violation is resolved. If the violation has already been resolved, you must post the notice for at least seven days 20.7.10.100 NMAC [incorporating 40 CFR 141.204(b)]. If you mail, post, or hand deliver, print your notice on your system's letterhead, if available.

The notice on the following page is appropriate for insertion in an annual notice or the Consumer Confidence Report (CCR), as long as public notification timing and delivery requirements are met 20.7.10.100 NMAC [incorporating 40 CFR 141.204(d)]. You may need to modify the template for a notice for individual monitoring violations. This example presents violations in a table; however, you may write out an explanation for each violation if you wish. For any monitoring violation for volatile organic compounds (VOCs) or other groups, you may list the group name in the table, but you must provide the name of every chemical in the group on the notice, e.g., in a footnote.

You may need to modify the notice if you had any monitoring violations for which monitoring later showed a maximum contaminant level or other violation. In such cases, you should refer to the public notice you issued at that time. If you do modify the notice, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language for monitoring and testing procedure violations 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)] must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable 20.7.10.100 NMAC [incorporating 40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Corrective Action

In your notice, describe corrective actions you took, or are taking. Listed below are some steps commonly taken by water systems with corrective action violations. You can use the following language, if appropriate, or develop your own:

- Although we did not meet our deadline, we are now in consultation with the state to develop a corrective action plan.
- The [source of contamination/significant deficiency] has been identified and addressed.
- We have implemented a short-term plan to address the immediate issue while we pursue the long-term solution.

After Issuing the Notice

Make sure to send the NMED DWB a copy of each type of notice and a certification that you have met all the public notice requirements within ten days after issuing the notice 20.7.10.100 NMAC [incorporating 40 CFR 141.31(d)].

****PUBLIC WATER SYSTEM MUST APPROPRIATELY MODIFY THIS PUBLIC NOTICE TO INCLUDE UP-TO-DATE INFORMATION REGARDING THE VIOLATION AS WELL AS INFORMATION ABOUT THE CURRENT STATUS OF THE VIOLATION'S AFFECT ON THE WATER SYSTEM. PUBLIC WATER SYSTEM OFFICIAL MUST DELETE THIS PARAGRAPH ONCE PUBLIC NOTICE HAS BEEN APPROPRIATELY UPDATED, PRIOR TO SENDING OUT TO THE PUBLIC****

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

«System_Name» Failed to respond in writing to significant deficiencies identified in sanitary survey reports within required time frame

Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, o hable con alguien que lo entienda

Our water system recently violated a drinking water requirement. Although this incident was not an emergency, as our customers, you have a right to know what happened and **what we did (are doing)** to correct this situation.

A routine sanitary survey conducted on [give date] by Your Name with the New Mexico Environment Department-Drinking Water Bureau (NMED DWB) found **[describe significant deficiencies in our water system]**.

- 1. EXAMPLE - No written sampling plan for total coliform rule**
- 2. EXAMPLE - No written sampling plan for lead and copper rule**

We were to respond in writing to significant deficiencies identified in sanitary survey reports no later than 45 days after the report. However, we failed to take these actions by the deadlines established by the NMED DWB.

What should I do?

- There is nothing you need to do. You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.
- If you have a severely compromised immune system, have an infant, are pregnant, or are elderly, you may be at increased risk and should seek advice from your health care providers about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791.

What does this mean?

This is not an emergency. If it had been, you would have been notified within 24 hours.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

What is being done?

[Describe corrective action.] We anticipate resolving the problem within **[estimated time frame]** (or the problem was resolved on **[give date]**).

For more information, please contact:

«Admin_Contact_Name» at «Admin_Contact_Phone»

Or

«System_Name», «WSS»

«Address»

«City_», «ST» «Zip»

****Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.****



New Mexico Environment Department - Drinking Water Bureau

Public Notification Certification Form – All Tiers

Requirements Pursuant to 40 CFR 141 (Subpart Q)

****This form and a copy of your Notice to the Public must be submitted to the State within 10 days of notifying your customers. ****

PWSID#: «WSS» **Water System Name:** «System Name» water system

Violation or Situation Date: [DATE]

Individual Contaminant or Contaminant Group: SWTR

Violation or Situation Type: Failure to respond to significant deficiencies within 45 days

Violation or Situation Public Notification Tier: Tier 3

Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201:

- | | |
|---|-------------|
| <input type="checkbox"/> Continuously Post | Date: _____ |
| <input type="checkbox"/> Separate Mailing to Customers | Date: _____ |
| <input type="checkbox"/> Hand Deliver Notice to Customers | Date: _____ |
| <input type="checkbox"/> Publish Notice in Newspaper | Date: _____ |
| <input type="checkbox"/> Release Notice to and Announced by Broadcast Media | Date: _____ |
| <input type="checkbox"/> Post Notice on System Website | Date: _____ |
| <input type="checkbox"/> Billing | Date: _____ |
| <input type="checkbox"/> Annual Report (Consumer Confidence Report) | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

Attach a copy of the posted Public Notice(s) to this certification form.

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141:

Signature of Responsible Official

Date

Printed Name

Title of Responsible Official



New Mexico Environment Department - Drinking Water Bureau Violation Inventory Action Form

General Information		GWR – 30 Day Significant Deficiency CAP			
System Name:	«System Name»	Staff:	«Staff_Name»	Manager:	
WSS#	«WSS»	Data Steward:		Date:	«Date»
Violation Type:	45	Enforcement Type	SIA	SIE	Determination Date: «Date»
Water System Facility #:	000	Violation Period(s):			

Comments:
Please migrate the attached notice of violation for Failure to Submit Corrective Action Plan . Please also attach a Tier 3 Public Notice.

Violation Action
<input type="checkbox"/> Validate
<input type="checkbox"/> Reject (Needs Area Supervisor Approval Below)
<input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below)

Approval Required for Deleted or Rejected Violations	
AREA SUPERVISOR	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Area Supervisor Comments:	
Area Supervisor Name: _____ Date: _____	
Area Supervisor Signature: _____	
PWSS GROUP MANAGER	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
PWSS Group Manager Comments:	
PWSS Group Manager Name: _____ Date: _____	
PWSS Group Manager Signature: _____	