NEW MEXICO
ENVIRONMENT DEPARTMENT

SUSANA MARTINEZ
Governor
JOHN A. SANCHEZ
Lieutenant Governor

Harold Runnels Building
1190 South St. Francis Drive (87505)
P.O. Box 5469, Santa Fe, NM 87502-5469
Phone (505) 827-0187 Fax (505) 827-0160
www.nmenv.state.nm.us

RYAN FLYNN
Cabinet Secretary
BUTCH TONGATE
Deputy Secretary

Certified Mail – Return Receipt Requested

June 2, 2015

Mr. Doug Powers, City Manager
City of Tucumcari
215 East Center Street
Tucumcari, New Mexico 88401

RE: City of Tucumcari Wastewater Treatment Plant (WWTP); Major; Municipal; SIC 4952; NPDES Compliance Evaluation Inspection; NPDES Permit No. NM0020711; May 19, 2015

Dear Mr. Powers:

Enclosed please find a copy of the report for the referenced inspection that the New Mexico Environment Department (NMED) conducted at this facility on behalf of the U.S. Environmental Protection Agency (USEPA). This inspection report will be sent to the USEPA in Dallas for their review. These inspections are used by USEPA to determine compliance with the National Pollutant Discharge Elimination System (NPDES) permitting program in accordance with the federal Clean Water Act.

Problems noted during this inspection are listed in the inspection report. You are encouraged to review the inspection report, required to correct any problems noted during the inspection, and to modify your operational and/or administrative procedures, as appropriate. If you have comments on or concerns with the basis for the findings in the NMED inspection report, please contact us (see address above) in writing within 30 days from the date of this letter. Further, notify in writing both USEPA and NMED regarding modifications and compliance schedules at the address below:

Racquel Douglas
US Environmental Protection Agency, Region VI
Enforcement Branch (6EN-WM)
Fountain Place
1445 Ross Avenue
Dallas, Texas 75202-2733

Bruce Yurdin
New Mexico Environment Department
Surface Water Quality Bureau
Point Source Regulation Section
P.O. Box 5469
Santa Fe, New Mexico 87502

If you have any further questions regarding this inspection report, please contact Sandra Gabaldón at (505) 827-1041 or at Sandra.gabaldon@state.nm.us

Sincerely,

/*s/ Bruce Yurdin*

Bruce J. Yurdin
Program Manager
Point Source Regulation Section
Surface Water Quality Bureau

Cc: Rashida Bowlin, USEPA (6EN-AS) by e-mail
Carol Peters-Wagnon, USEPA (6EN-WM) by e-mail
Racquel Douglas, USEPA (6EN-WM) by e-mail
Brent Larson, USEPA (6EN-PP) by e-mail
Gladys Gooden-Jackson, USEPA (6EN-WC) by e-mail
Darlene Whitten-Hill, USEPA (6EN-WC) by e-mail
Bill Chavez, NMED District I Manager, by e-mail

EPA

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
1 N 2 5 3	N M 0 0 2 0 7 1 1 11	12 1 5 0 5 1 9 17	18 C	19 S 20	1

T U C U M C A R I M A J O R

Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved
67 69	70 3	71 N 72	N 73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*	Entry Time /Date	Permit Effective Date
Tucumcari WWTP – North on 1st Street, cross over railroad tracks, 0.4 miles to Maple Street, turn right on Maple Street, left onto Rock Island to WWTP.	1030 Hours / May 19, 2015	February 1, 2008
QUAY COUNTY	Exit Time/Date 1345 Hours / May 19, 2015	Permit Expiration Date January 31, 2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Calvin Henson, Superintendent / (575) 461-4542
Norma Billiot, Lab Tech / (575) 461-4372

Other Facility Data

Latitude: N 35°11'48.90'
Longitude : W-103°43' 04.94"

SIC 4952

Name, Address of Responsible Official/Title/Phone and Fax Number
Mr. Doug Powers, City Manager / (575) 461-3451 / (575) 461-2049 (fax)
215 East Center Street
Tucumcari, New Mexico 88401

Contacted: Yes [ ] No [*]

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	**Permit**	S	**Flow Measurement**	M	**Operations & Maintenance**	N	**CSO/SSO**
M	**Records/Reports**	S	**Self-Monitoring Program**	S	**Sludge Handling/Disposal**	N	**Pollution Prevention**
S	**Facility Site Review**	N	**Compliance Schedules**	N	**Pretreatment**	N	**Multimedia**
N	**Effluent/Receiving Waters**	M	**Laboratory**	N	**Storm Water**		**Other:**

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Please see checklist and further explanations for details of findings

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Sandra Gabaldon /s/ *Sandra Gabaldon*	**NMED/SWQB/(505) 827-1041/(505) 827-0160**	**June 2, 2015**
Signature of Management QA Reviewer ***/s/ Bruce Yurdin, Program Manager for*** **Michelle Lemon, Municipal Team Lead**	**Agency/Office/Phone and Fax Numbers** **NMED/SWQB/(505) 827-2819/(505) 827-0160**	**Date** **June 2, 2015**

TUCUMCARI WASTEWATER TREATMENT PLANT	PERMIT NO. NM0020711

SECTION A – PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS X S ¨ M ¨ U ¨ NA (*FURTHER EXPLANATION ATTACHED NO)*

DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	X Y ¨ N ¨ NA
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES	¨ Y ¨ N X NA
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT	X Y ¨ N ¨ NA
4. ALL DISCHARGES ARE PERMITTED	X Y ¨ N ¨ NA

SECTION B – RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. O S X M ¨ U ¨ NA (*FURTHER EXPLANATION ATTACHED YES)*

DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.	¨ Y X N ¨ NA
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.	X S ¨ M ¨ U ¨ NA
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING	X Y ¨ N ¨ NA
b) NAME OF INDIVIDUAL PERFORMING SAMPLING	X Y ¨ N ¨ NA
c) ANALYTICAL METHODS AND TECHNIQUES.	X Y ¨ N ¨ NA
d) RESULTS OF ANALYSES AND CALIBRATIONS.	X Y ¨ N ¨ NA
e) DATES AND TIMES OF ANALYSES.	X Y ¨ N ¨ NA
f) NAME OF PERSON(S) PERFORMING ANALYSES.	X Y ¨ N ¨ NA
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.	X S ¨ M ¨ U ¨ NA
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.	X S ¨ M ¨ U ¨ NA
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.	O Y X N ¨ NA

SECTION C – OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. ¨ S X M ¨ U ¨ NA *(FURTHER EXPLANATION ATTACHED YES)*

DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED.	X S ¨ M O U ¨ NA
2. TREATMENT UNITS PROPERLY MAINTAINED.	¨ S X M O U ¨ NA
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.	X S ¨ M O U ¨ NA
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	X S ¨ M O U ¨ NA
5. ALL NEEDED TREATMENT UNITS IN SERVICE	X S ¨ M O U ¨ NA
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.	X S ¨ M O U ¨ NA
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.	X S ¨ M ¨ U ¨ NA
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.	X Y ¨ N ¨ NA
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.	X Y O N ¨ NA
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.	X Y ¨ N ¨ NA

TUCUMCARI WASTEWATER TREATMENT PLANT	PERMIT NO. NM0020711

SECTION C – OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR?	X Y O N ¨ NA
IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED?	X Y ¨ N O NA
HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?	X Y O N ¨ NA
10.HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT?	¨ Y X N ¨ NA
IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?	¨ Y ¨ N X NA

SECTION D – SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. X S ¨ M ¨ U ¨ NA *(FURTHER EXPLANATION ATTACHED NO).*
DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.	X Y ¨ N ¨ NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	X Y ¨ N ¨ NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.	X Y ¨ N ¨ NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.	X Y ¨ N ¨ NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.	X Y ¨ N ¨ NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE	X Y ¨ N ¨ NA
a) SAMPLES REFRIGERATED DURING COMPOSITING.	X Y ¨ N ¨ NA
b) PROPER PRESERVATION TECHNIQUES USED.	X Y ¨ N ¨ NA
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.	X Y ¨ N ¨ NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT?	O Y ¨ N X NA

SECTION E – FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. X S ¨ M ¨ U ¨ NA *(FURTHER EXPLANATION ATTACHED NO)*
DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE 6" Parshall Flume	X Y ¨ N ¨ NA
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.	X Y ¨ N ¨ NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.	X Y ¨ N ¨ NA
4. CALIBRATION FREQUENCY ADEQUATE.	X Y ¨ N ¨ NA
RECORDS MAINTAINED OF CALIBRATION PROCEDURES.	X Y ¨ N ¨ NA
CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.	X Y ¨ N ¨ NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE.	X Y ¨ N ¨ NA
6. HEAD MEASURED AT PROPER LOCATION.	X Y ¨ N ¨ NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.	X Y ¨ N ¨ NA

SECTION F – LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. O S X M ¨ U ¨ NA *(FURTHER EXPLANATION ATTACHED YES)*
DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED *(40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)*	O Y X N ¨ NA

TUCUMCARI WASTEWATER TREATMENT PLANT	PERMIT NO. NM0020711

SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ¨ Y ¨ N X NA

3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. X S O M ¨ U ¨ NA

4. QUALITY CONTROL PROCEDURES ADEQUATE. X S ¨ M ¨ U ¨ NA

5. DUPLICATE SAMPLES ARE ANALYZED. 10 % OF THE TIME. X Y ¨ N ¨ NA

6. SPIKED SAMPLES ARE ANALYZED. ___ % OF THE TIME. ¨ Y ¨ N X NA

7. COMMERCIAL LABORATORY USED. X Y ¨ N ¨ NA

LAB NAME _____Bio Aquatics

LAB ADDRESS _____2501 Mayes Road, Suite 100; Carollton, TX 75006

PARAMETERS PERFORMED __Biomonitoring

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. O S ¨ M O U X NA *(FURTHER EXPLANATION ATTACHED NO)*

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001							

RECEIVING WATER OBSERVATIONS ___No observations were made of the receiving stream, as the inspectors were unable to drive to the outfall because of the heavy rains.

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. X S ¨ M ¨ U ¨ NA *(FURTHER EXPLANATION ATTACHED NO).*
DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. X S ¨ M ¨ U ¨ NA

2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. X S ¨ M ¨ U ¨ NA

3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: COMPOSTING __ (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES *(FURTHER EXPLANATION ATTACHED ___).*

1. SAMPLES OBTAINED THIS INSPECTION. ¨ Y ¨ N X NA

2. TYPE OF SAMPLE OBTAINED

GRAB _____ COMPOSITE SAMPLE ___ METHOD _____ FREQUENCY

3. SAMPLES PRESERVED. ¨ Y ¨ N ¨ NA

4. FLOW PROPORTIONED SAMPLES OBTAINED. ¨ Y ¨ N ¨ NA

5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ¨ Y ¨ N ¨ NA

6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE. ¨ Y ¨ N ¨ NA

7. SAMPLE SPLIT WITH PERMITTEE. ¨ Y ¨ N ¨ NA

8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ¨ Y ¨ N ¨ NA

9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ¨ Y ¨ N ¨ NA

City of Tucumcari Wastewater Treatment Plant
Compliance Evaluation Inspection
NPDES Permit Number NM0020711
Compliance Inspection Date: May 19, 2015

Introduction:

On May 19, 2015, Sandra Gabaldón and Daniel Valenta of the New Mexico Environment Department (NMED), Surface Water Quality Bureau (SWQB) conducted a Compliance Evaluation Inspection (CEI) at the City of Tucumcari Wastewater Treatment Plant (WWTP). The City of Tucumcari WWTP has a design flow capacity of 1.2 MGD (million gallons per day) and is classified as a major municipal discharger under the federal Clean Water Act, Section 402, of the National Pollutant Discharge Elimination System (NPDES) permit program. It is assigned NPDES permit number NM0020711. This permit regulates the WWTP point source discharge to Breen's pond, thence to No Name Creek, thence to Pajarito Creek, thence to the Canadian River in Segment 20.6.4.303, *Standards for Interstate and Intrastate Surface Waters* 20.6.4 NMAC.

The NMED performs a certain number of CEIs for the U.S. Environmental Protection Agency (USEPA), Region VI, under the NPDES permit program, in accordance with the federal Clean Water Act. USEPA uses these inspections to determine compliance with the NPDES permit program. This inspection report is based on information provided by the permittee's representatives, observations made by the NMED inspector, and records and reports kept by the permittee and/or NMED.

Upon arrival at approximately 1030 hours, the inspectors met Mr. Calvin Henson, Superintendent (Certified Operator, Level 4). During the entrance interview, the inspector presented her credentials, made introductions and explained the purpose of the inspection. A tour of the facility commenced thereafter. Upon completion of the tour, the inspector reviewed the facility's laboratory and requested records from January 2015. An exit interview to discuss the preliminary findings of the inspection was conducted at approximately 1325 hours on May 19, 2015, at the facility with Mr. Henson and Ms. Norma Billiot, Lab Tech.

On the date of this inspection, the facility had experienced a storm event that produced approximately 1.14" of rain. Infiltration and flow was approximately 0.4 MGD, causing an increase in influent to approximately 0.9 MGD total.

Treatment Scheme:

There are 10 lift stations that bring raw influent to the treatment facility. Each lift station has an audible alarm with a float system in place. Raw influent enters the

metering station at the headworks and then travels to an aerated grit basin, equipped with two blowers.

There are three influent pumps that pump the influent to a splitter box where it is split to either primary basin. One of two basins is currently being used.

It enters another splitter box where it can be taken to the Medium Rate Activated Sludge (MRAS) basins. There are two basins (along with room for another basin if the influent increases) that have a raceway configuration. Two blowers provide aeration to the basins with fine bubble diffusers along with paddle mixers.

The influent then enters another splitter box on its way to the secondary clarifiers. The system is equipped with two secondary clarifiers. There is also room for growth with the secondary clarifiers in which another clarifier can be plumbed into the system with increased flow.

Once treated, the effluent enters the ultraviolet system for disinfection. Effluent is currently being used as a Class B, re-use water, for the New Mexico State University Agricultural project which is adjacent to the facility. When effluent is discharged to the Canadian River, it travels down a pipe, then into Breen's Pond. The only discharge occurs when Breen's Pond fills and overflows to No Name Creek. Once effluent enters No Name Creek it enters the Parjarito Creek and then the Canadian River as the final point of discharge.

Solids:

Return Activated Sludge (RAS) is sent from the primarily clarifiers to the sludge heat exchanger and then sent back to the splitter box after the primary clarifiers for introduction into the MRAS.

Sludge from the secondary clarifiers is removed and sent to the anaerobic digester and/or sludge holding tank. It's then sent to one of three sludge drying beds. Sludge is then sent to the compost area after it has dried sufficiently in the drying beds. Compost is given away to local farmers.

Further Explanations:

Note: The sections are arranged according to the format of the enclosed EPA inspection checklist (Form 3560-3), rather than being ranked in order of importance.

Section A – Permit Verification – Overall Rating "Satisfactory"

The permittee's NPDES permit expired in 2013. EPA has administratively continued the permit until a new permit is issued. NMED understands this permit is in "draft" status at this time.

Section B – Recordkeeping and Reporting – Overall Rating "Marginal"

The permit requires in Part III, D. Reporting Requirements, 4. Discharge Monitoring Reports and other Reports:

> *Monitoring results must be reported on Discharge Monitoring Report (DMR) Form EPA No. 3320-1 in accordance with the "General Instructions" provided on the form. The permittee shall submit the original DMR signed and certified as required by Part III, D.11 and all other reports required by Part III.D to EPA. Duplicate copies of DMRs and all other reports shall be submitted to the appropriate state agency (NMED).*

Findings for Recordkeeping and Reporting:

In review of files kept by NMED from the date of their last inspection (July 21, 2014), DMRs for the months of July 2014, January 2015, March 2015 and April 2015 are missing. The permittee is required to submit monthly DMRs postmarked no later than the 15th day of the month following each reporting period.

Section C – Operation and Maintenance – Overall Rating "Marginal"

The permit requires in Part III, Section B. Proper Operation and Maintenance:

> a. *The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants and will achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back up or auxiliary facilities or similar systems which are installed by a*

permittee only when the operation is necessary to achieve compliance with the conditions of this permit.

Findings for Operation and Maintenance:

According to the Superintendent, Mr. Henson, a broom had been dropped by one of the operators into the clarifier. Because of this, the clarifier had to be drained to retrieve the broom.

The WWTP received approximately 1.14" of rain the day of the inspection. There appeared to be nitrification occurring in the primary clarifier and rising sludge. The permittee may need to increase their wasting to eliminate this from occurring.

On September 6, 2014, the effluent flow meter failed because of an electrical problem. The electrical problem was corrected on September 7, 2014 and the effluent was again metered on this date.

There was a sanitary sewer overflow (SSO) reported to EPA on May 1, 2015. Apparently, there was a sewer line leak into a field on private land. This occurred from a lift station (#66) force main in an 8" diameter PVC pipe. The line was immediately repaired by digging up the line and putting a wrap-around clamp. An estimated volume of 20,000 gallons of raw sewage was leaked from this pipe. The area was disinfected with HTH (Calcium Hypochlorite) granules.

Section F – Laboratory – Overall Rating "Satisfactory"

The permit requires in Part III, C.5, Monitoring Procedures:

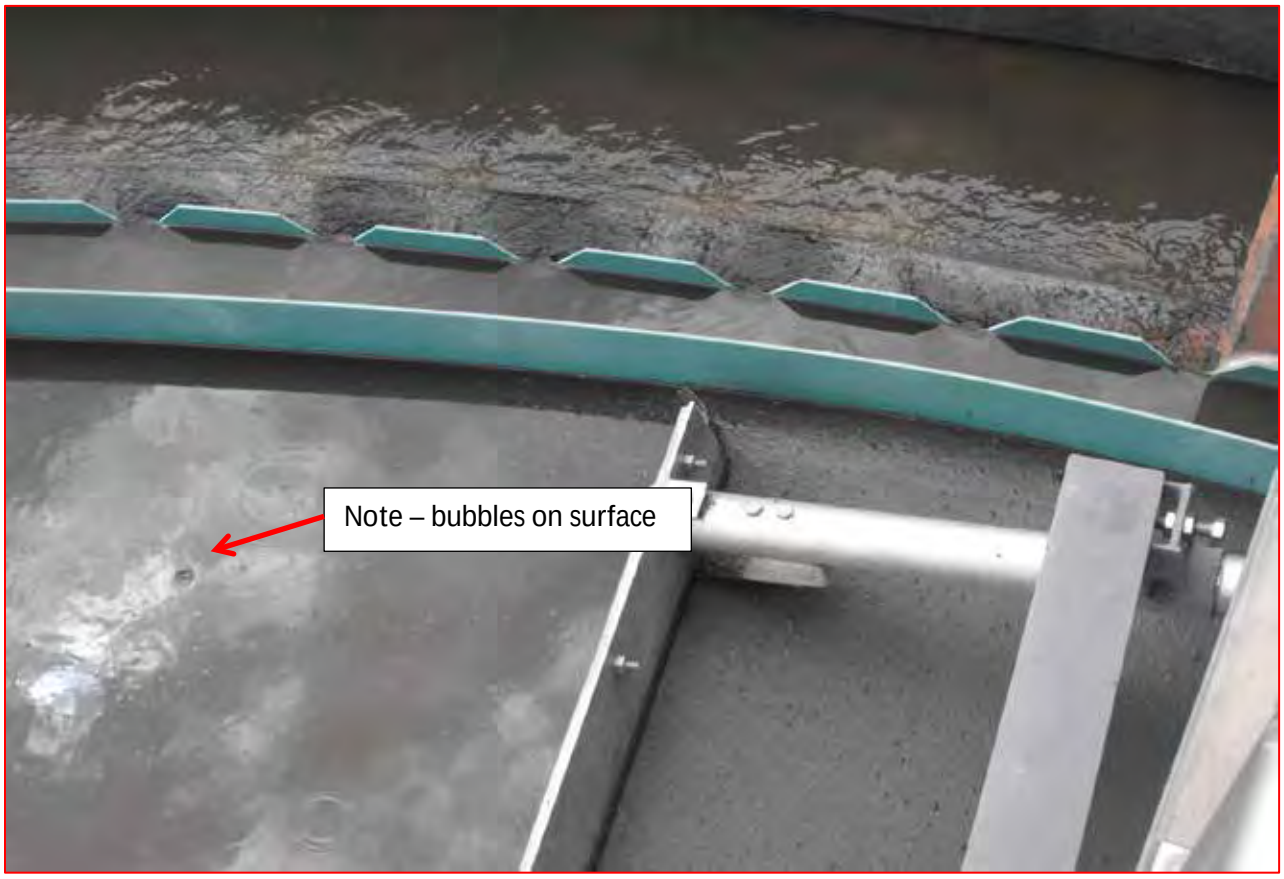
a. *Monitoring must be conducted according to test procedures approved under 40 CFR 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator.*

Findings for Laboratory:

The permittee is using Standard Methods for the Examination of Water and Wastewater, 18th Edition for Total Suspended Solids (TSS) analyses. The 18th Edition is no longer approved under 40 CFR 136. The most up-to-date Standard Methods approved by EPA is the 21st Edition. Although these methods are quite similar, there are some nuances that have changed in the 21st Edition. The permittee should follow the approved 40 CFR 136 procedures for compliance sampling.

NMED/SWQB
Official Photograph Log
Photo # 1

Photographer: Daniel Valenta	Date: May 19, 2015	Time: 1051 Hours
City/County: City of Tucumcari / Quay County		State: New Mexico
Location: Tucumcari Wastewater Treatment Plant		
Subject: Primary Clarifier		



NMED/SWQB
Official Photograph Log
Photo # 2

Photographer: Daniel Valenta	Date: May 19, 2015	Time: 1051 Hours
City/County: City of Tucumcari / Quay County		State: New Mexico
Location: Tucumcari Wastewater Treatment Plant		
Subject: Secondary Clarifier		

NMED/SWQB
Official Photograph Log
Photo # 3

Photographer: Daniel Valenta	Date: May 19, 2015	Time: 1156 Hours
City/County: City of Tucumcari / Quay County		State: New Mexico
Location: Tucumcari Wastewater Treatment Plant		
Subject: Effluent Parshall Flume -		

Tucumcari
Report

Jared Langenegger, City Manager

Dennis Dysart, Finance Director

Angelica M. Gray, City Clerk

TUCUMCARI
NEW MEXICO

City Commission
Robert Lumpkin, Mayor
Ruth Ann Litchfield, Mayor Pro Ten
Rick Haymaker, District 1
Amy Gutierrez, District 2
John Mihm, District 5

June 23, 2015

Racquel Douglas
EPA REGION 6 (6en-wm)
Enforcement Branch
Fountain Place
1445 Ross Avenue
Dallas, TX 75202-2733

RECEIVED
JUN 29 2015
SURFACE WATER QUALITY BUREAU

Dear Racquel Douglas,

This letter is in response to the Compliance Inspection; NPDES Permit NM0020711 on 5/19/2015.

Section B- Recordkeeping and Reporting.

The DMR's for July 2014, January 2015, March 2015, and April 2015 were mailed to EPA Region6 and to NMED. Copies of the missing DMR, s and copies of the certified receipts are attached. Also the WET DMR for the first quarter is included because it was mailed with the April DMR.

Section C- Operation and Maintenance.

The appearance of nitrification in the primary clarifier is due to a shock load from an industrial user and the draining of a secondary clarifier due to an operator dropping a metal broom in to the secondary clarifier. We are currently working on an industrial discharge ordinance and the industrial user is currently working with an Architect in designing pretreatment process. The facility has verbally notified EPA and NMED, as well as well as followed up with written letter in the mail to EPA and NMED for cause and correction of noncompliance as per NPDES permit. The facility is continually striving to improve the operations and training of facility operators.

Section F- Laboratory.

There was a typographical error on the laboratory bench sheet stating we were using the 18th edition of standard Methods. The laboratory has been using the 20th edition of Standard Methods since at least when Janet Garcia, Lab Director started in 2007. The bench sheet has been corrected to show the 20th edition of Standard Methods.

NPDES permit NO. NMU001895 Multi-Sector General Permit.

Ms. Gabaldon made mew aware that the facility does not have a Storm Water Multi-Sector General Permit (MSGP).

We are currently working on the MSGP to collect all information needed to complete the permit requirements. We contacted the engineer that designed the new plant process to a major facility and I was informed that there was no MSGP done. We will do the electronic notice of intent and do the Storm Water Pollution Prevention Plan (SWPPP).

The city of Tucumcari appreciates all the help and patience from EPA and NMED in getting the facility permits done and in compliance.

Should you require additional information or have any questions regarding this matter, please call me at (575) 461-3451.

Sincerely,

Jared Langenegger
City Manager

Cc: NM Environment Department
Calvin Henson, Wastewater Superintendent

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401
FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401
ATTN:RICHARD PRIMROSE, CITY MGR.

NM0020711	001A
PERMIT NUMBER	DISCHARGE NUMBER

RECEIVED
JUN 29 2015
SURFACE WATER QUALITY BUREAU

DMR MAILING ZIP CODE: 88401
MAJOR $

TOTAL FACILITY DISCHARGE
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	07	01	TO	2014	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33	53	lb/d	******	15	24	mg/L	0	10	24HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
pH	SAMPLE MEASUREMENT	******	******		7.01	******	7.20	SU	0	4	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	36	lb/d	******	8	16	mg/L	0	10	24HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2671	.8876	mgal/d	******	******	******		0	Daily	TOTAL2
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Mgal/d	******	******	******			Daily	TOTAL2
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	.01	ug/L	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******		******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	3	17	CFU/100m	0	4/31	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 30DAVGEO	410 DAILY MX	CFU/100m		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Doug Powers City Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Doug Powers	575 461-3451		2014	08	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPA Region 6 (6EN-WC)
Water Enforcement Branch
1445 Ross Avenue
Dallas,TX 75020-2733

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) EPA REGION 6
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 1 1 2014

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7012 1010 0002 6259 3928

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NMED- SWQB
Harold Runnels Bldg- N2050
1190 St.Francis Dr.
P.O. Box 5468
Santa Fe, NM 87502-5469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0001 3665 9767

PS Form 3811, July 2013 Domestic Return Receipt

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401
FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401
ATTN: Jared Lagenegger, city manager

NM0020711	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	01	31

DMR MAILING ZIP CODE: 88401
MAJOR $

TOTAL FACILITY DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	24	lb/d	******	5	7	mg/L	0	Weekly	24HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
pH	SAMPLE MEASUREMENT	******	******		6.81	******	6.85	SU	0	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3	7	lb/d	******	1	2	mg/L	0	Weekly	24HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4329	.5027	mgal/d	******	******	******		0	Daily	TOTAL
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Mgal/d	******	******	******			Daily	TOTAL Z
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	.01	ug/L	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******		******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	7	30	mpn/100ml	0	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 30DAVGEO	410 DAILY MX	MPN/100ml		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Jared Lagenegger City manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	575 461-3451		2015	02	5
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NMED-SWQB
Harold Runnels Bldg-N2050
1190 St. Francis Dr.
P.O. Box 5468
Santa Fe,NM 87502-5469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 15 ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 2-9-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2120 0004 1735 1848

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPA Region 6 (6EN-WC)
Water Enforcement Branch
1445 Ross Avenue
Dallas, TX 75020-2733

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7014 2120 0004 1735 1831

PS Form 3811, July 2013 Domestic Return Receipt

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 2

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

ATTN: Jared Lagenegger, city manager

NM0020711	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	03	01	TO	2015	03	31

DMR MAILING ZIP CODE: 88401
MAJOR $

TOTAL FACILITY DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	12	lb/d	******	4	5	mg/L	0	weekly	24HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
pH	SAMPLE MEASUREMENT	******	******		6.8	******	6.9	SU	0	weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.8 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	2	lb/d	******	<1	<1	mg/L	0	weekly	24HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2945	.4747	mgal/d	******	******	******		0	Daily	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Mgal/d	******	******	******			Daily	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	.01	ug/L	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******		******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	4	13	MPN/100ml	0	weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 30DAVGEO	410 DAILY MX	MPN/100ml		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Jared Langenegger city manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	575	461 3457	4	6	15
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPA Region 6 (6EN-WC)
Water Enforcement Branch
1445 Ross Avenue
Dallas, TX 75020-2733

Attn: Gladys Gordon Jackson

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X EPA REGION 6 ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 09 2015

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0004 1735 1893

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NMED-SWQB
Harold Runnels Bldg-N2050
1190 St. Francis Dr.
P.O. Box 5468
Santa Fe,NM 87502-5469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 4/9/15

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7014 2120 0004 1735 1909

PS Form 3811, July 2013 Domestic Return Receipt

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

ATTN: Jared Lagenegger, city manager

NM0020711	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	4	1	TO	2015	4	30

DMR MAILING ZIP CODE: 88401
MAJOR $

TOTAL FACILITY DISCHARGE
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	22	lb/d	******	4	9	mg/L	0	Weekly	24HC
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
pH	SAMPLE MEASUREMENT	******	******		6.7	******	6.9	SU	0	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2	4	lb/d	******	<1	2	mg/L	0	Weekly	24HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	230 30DA AVG	345 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Weekly	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2903	.7255	Mgal/d	******	******	******		0	Daily	TOTAL2
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Mgal/d	******	******	******			Daily	TOTAL2
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	.01	ug/L	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******		******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	10	30	MPN/100ml	0	Weekly	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 30DAVGEO	410 DAILY MX	MPN/100ml		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Jared Lagenegger City Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	575	461 3451	2015	5	7
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EPA Region 6 (6EN-WC)
Water Enforcement Branch
1445 Ross Avenue
Dallas, TX 75020-2733

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAY 11 2015

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7014 1820 0001 7779 6138

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NMED-SWQB
Harold Runnels Bldg-N2050
1190 St. Francis Dr.
P.O. Box 5468
Santa Fe,NM 87502-5469

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X BS
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
5-11-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7014 1820 0001 7779 6121

PS Form 3811, July 2013 Domestic Return Receipt

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

ATTN: RICHARD PRIMROSE, CITY MGR.

NM0020711	TX1Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	2 01 2015	TO 4 30 2015

DMR Mailing ZIP CODE: 88401
MAJOR $

QUARTERLY 7-DAY CHRONIC TOXICITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	------	------	------	—	—	------				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	------	pass/fail		See Permit	COMP-6
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	------	------	------	—	—	------				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	------	pass/fail		See Permit	COMP-6
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	------	------	------	0	0	------	Pass	0	Quarterly	24HC
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	------	pass/fail		Quarterly	COMP-6
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	------	------	------	0	0	------	Pass	0	Quarterly	24HC
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	------	pass/fail		Quarterly	COMP-6
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	------	------	------	0	0	------	Pass	0	Quarterly	24HC
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	------	pass/fail		Quarterly	COMP-6
LF Pass/Fail Leth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	------	------	------	0	0	------	Pass	0	Quarterly	24HC
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	------	pass/fail		Quarterly	COMP-6
Noel Lethal Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	------	------	------	100	100	------	%	0	Quarterly	24HC
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	------	%		Quarterly	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jased Langenegger City manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	575	4613457	3-20 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. ONCE/QUARTER FOR THE FIRST FOUR QUARTERS. IF ALL TESTS PASS, REDUCE FREQUENCY TO 1/5 MONTHS FOR CERIODAPHNIA DUBIA & TO 1/YEAR FOR PIMEPHALES PROMELAS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

ATTN: RICHARD PRIMROSE, CITY MGR.

NM0020711	TX1Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	2 01 2015	TO	4 30 2015

DMR Mailing ZIP CODE: 88401
MAJOR $

QUARTERLY 7-DAY CHRONIC TOXICITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Noel Lethal Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	100	******	%	0	Quarterly	24HC
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	100	******	%	0	Quarterly	24HC
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	100	******	%	0	Quarterly	24HC
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	18.9	18.9	******	%	0	Quarterly	24HC
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	13.61	13.61	******	%	0	Quarterly	24HC
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	Q	Q	******	%	0	Quarterly	24HC
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	Q	Q	******	%	0	Quarterly	24HC
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jared Langenegger Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	575 461 3451		3 20 2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. ONCE/QUARTER FOR THE FIRST FOUR QUARTERS. IF ALL TESTS PASS. REDUCE FREQUENCY TO 1/6 MONTHS FOR CERIODAPHNIA DUBIA & TO 1/YEAR FOR PIMEPHALES PROMELAS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: TUCUMCARI, CITY OF
ADDRESS: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

FACILITY: TUCUMCARI, CITY OF
LOCATION: 1700 N. ROCK ISLAND STREET
TUCUMCARI, NM 88401

ATTN: RICHARD PRIMROSE, CITY MGR.

NM0020711	TX1Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 2 01 2015 TO MM/DD/YYYY 4 30 2015

DMR Mailing ZIP CODE: 88401
MAJOR: S

QUARTERLY 7-DAY CHRONIC TOXICITY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
7-Day Chr. Ceriodpnn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	-----	-----	-----	Q	Q	-----	%	O	quarterly	24HC
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	-----	%		Quarterly	COMP-L
7-Day Chr. Pimephale(Sub-Lethal Effect)	SAMPLE MEASUREMENT	-----	-----	-----	Q	Q	-----	%	O	quarterly	24HC
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	-----	%		Quarterly	COMP-L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CFO			575 461 3451		3 20 2015
Jared Langenegger manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. ONCE/QUARTER FOR THE FIRST FOUR QUARTERS. IF ALL TESTS PASS, REDUCE FREQUENCY TO 1/6 MONTHS FOR CERIODAPHNIA DUBIA & TO 1/YEAR FOR PIMEPHALES PROMELAS.

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