



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lieutenant Governor

**NEW MEXICO
ENVIRONMENT DEPARTMENT**

Surface Water Quality Bureau

**Harold Runnels Building, N2050
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**



DAVE MAKIIN
Secretary

BUTCH TONGATE
Acting Deputy Secretary

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

October 31, 2011

Ms. Karla Kay Pinkston, Mayor
Village of Maxwell
P.O. Box 356
Maxwell, NM 87728

Re: Minor Municipal, SIC 4952, NPDES Compliance Evaluation Inspection, Maxwell Wastewater Treatment Plant, NM0029149, October 20, 2011

Dear Ms. Pinkston,

Enclosed please find a copy of the report and check list for the referenced inspection that the New Mexico Environment Department (NMED) conducted at your 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 requirements of the federal Clean Water Act.

Introduction, treatment scheme, and problems noted during this inspection are discussed in the Further Explanations section of 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.

I wish to thank you for the cooperation extended to the NMED personnel by Mr. Elmer Chavez while at the Maxwell Wastewater Treatment Plant. If you have any questions about this inspection report, please contact me at (505) 222-9587 or sarah.holcomb@state.nm.us.

Sincerely,

Sarah Holcomb
Environmental Scientist/Specialist
NMED Surface Water Quality Bureau

Cc: Marcia Adams, USEPA (6EN-AS) by e-mail
Carol Peters-Wagnon, USEPA (6EN-WM) by e-mail
Diana McDonald, USEPA (6EN-WM) by e-mail
Samuel Bates, USEPA (6EN-AS) by e-mail
Larry Giglio, USEPA (6EN-P) by e-mail
Hannah Branning, USEPA (by e-mail)
Sonia Hall, USEPA (by e-mail)
Bob Italiano, NMED District 2 Manager (by e-mail)



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 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="9"/>	11 <input type="text" value="1"/> 12 <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>	17 <input type="text" value="18"/> <input type="text" value="C"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>	
Remarks					
<input type="text" value="M"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="M"/> <input type="text" value="U"/> <input type="text" value="N"/> <input type="text" value="I"/> <input type="text" value="C"/> <input type="text" value="I"/> <input type="text" value="P"/> <input type="text" value="A"/> <input type="text" value="L"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	74 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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) MAXWELL WASTEWATER TREATMENT PLANT, COLFAX COUNTY: FROM I-25, TAKE MAXWELL EXIT #426. TURN LEFT ON MAXWELL AVENUE THROUGH UNDERPASS, TAKE LEFT AT 3RD STREET (NM 505), TRAVEL SOUTH TO COUNTY ROAD A7 (CHICO ROAD) THROUGH INTERSTATE UNDERPASS, CROSS RAILROAD TRACKS. ENTRANCE TO PLANT IS ON RIGHT THROUGH LOCKED GATE AT TRANSFER STATION.	Entry Time /Date 0800 hours / 10-20-2011	Permit Effective Date 6-1-2007
	Exit Time/Date 0930 hours / 10-20-2011	Permit Expiration Date 5-31-2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) MR. ELMER CHAVEZ, SUPERVISOR (575) 375-2752, (575) 447-4118 CELL	Other Facility Data GPS: N. 36° 31' 55" W. -104° 32' 16" SIC: 4952	
Name, Address of Responsible Official/Title/Phone and Fax Number MS. KARLA KAY PINKSTON, MAYOR PO BOX 356, MAXWELL, NM 87728 (575) 375-2752	Contacted Yes <input type="checkbox"/> * <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

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

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

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

1. INSPECTOR ARRIVED AT THE FACILITY AT 0800 HOURS ON OCTOBER 20, 2011. THE INSPECTOR CONDUCTED AN ENTRANCE INTERVIEW WITH MR. ELMER CHAVEZ, SUPERVISOR, WHERE SHE PRESENTED CREDENTIALS AND DISCUSSED THE PURPOSE OF THE INSPECTION.
2. PLEASE SEE REPORT FOR FURTHER EXPLANATIONS.
3. AN EXIT INTERVIEW TO DISCUSS THE PRELIMINARY FINDINGS OF THE INSPECTION WAS CONDUCTED WITH MR. CHAVEZ AND MAYOR KARLA KAY PINKSTON ON OCTOBER 20, 2011, AT THE MAXWELL TOWN HALL.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Sarah Holcomb	NMED/SWQB 505-222-9587	
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date
	NMED/SWQB 505-827-2798	

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
DETAILS:

S M U NA (FURTHER EXPLANATION ATTACHED NO)

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE

Y N NA

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES

Y N NA

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT

Y N NA

4. ALL DISCHARGES ARE PERMITTED

Y N NA

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
DETAILS: FORMS NEEDED IN THE EVENT OF A DISCHARGE WERE NOT CORRECT.

S M U NA (FURTHER EXPLANATION ATTACHED YES)

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.

Y N NA

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.

S M U NA

a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING

Y N NA

b) NAME OF INDIVIDUAL PERFORMING SAMPLING

Y N NA

c) ANALYTICAL METHODS AND TECHNIQUES.

Y N NA

d) RESULTS OF ANALYSES AND CALIBRATIONS.

Y N NA

e) DATES AND TIMES OF ANALYSES.

Y N NA

f) NAME OF PERSON(S) PERFORMING ANALYSES.

Y N NA

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.

S M U NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.

S M U NA

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.

Y N NA

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
DETAILS:

S M U NA (FURTHER EXPLANATION ATTACHED YES)

1. TREATMENT UNITS PROPERLY OPERATED.

S M U NA

2. TREATMENT UNITS PROPERLY MAINTAINED.

S M U NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.

S M U NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

S M U NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE

S M U NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.

S M U NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.

S M U NA

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.

Y N NA

STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.

Y N NA

PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.

Y N NA

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? Y N NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? Y N NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? Y N NA

10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? Y N NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? Y N NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED NO).
 DETAILS: NOT EVALUATED - NO DISCHARGE

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. Y N NA

2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. Y N NA

3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. Y N NA

4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. Y N NA

5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. Y N NA

6. SAMPLE COLLECTION PROCEDURES ADEQUATE Y N NA

a) SAMPLES REFRIGERATED DURING COMPOSITING. Y N NA

b) PROPER PRESERVATION TECHNIQUES USED. Y N NA

c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3. 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? Y N NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED NO)
 DETAILS: NO DISCHARGE REPORTED SINCE MAY 2006

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. Y N NA
 TYPE OF DEVICE: **WEIR PLATE WITH METAL GAUGE**

2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. **NO DISCHARGE** Y N NA

3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. Y N NA

4. CALIBRATION FREQUENCY ADEQUATE. Y N NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. Y N NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. Y N NA

5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. **NO DISCHARGE** Y N NA

6. HEAD MEASURED AT PROPER LOCATION. Y N NA

7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. Y N NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED NO)
 DETAILS:

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

MAXWELL WASTEWATER TREATMENT PLANT	PERMIT NO. NM0029149
SECTION F - LABORATORY (CONT'D)	
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
4. QUALITY CONTROL PROCEDURES ADEQUATE. CHAIN OF CUSTODY FORM WAS REVIEWED - THIS WAS NOTED LAST INSPECTION	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
5. DUPLICATE SAMPLES ARE ANALYZED. ___ % OF THE TIME.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
6. SPIKED SAMPLES ARE ANALYZED. ___ % OF THE TIME.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
7. COMMERCIAL LABORATORY USED. RATON WWTP LABORATORY WOULD PERFORM ALL TESTS OTHER THAN PH AND TRC	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
LAB NAME	RATON WASTEWATER TREATMENT PLANT
LAB ADDRESS	1750 EAST HEREFORD AVENUE, RATON, NEW MEXICO
PARAMETERS PERFORMED	BOD5, TSS AND E. COLI (NOTE: PERMITTEE HAD STILL NOT ARRANGED FOR WET LAB IN THE EVENT OF A DISCHARGE).

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED NO).							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	NO DISCHARGE	NO DISCHARGE	NO DISCHARGE	NO DISCHARGE	NO DISCHARGE	NO DISCHARGE	
RECEIVING WATER OBSERVATIONS							
SECTION H - SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. DETAILS: WWTP HAS NEVER DREDGED THE BOTTOM OF THE PONDS.				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED NO).			
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.				<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA			
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA			
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: N/A (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)							
SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED NO).							
1. SAMPLES OBTAINED THIS INSPECTION.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
2. TYPE OF SAMPLE OBTAINED							
GRAB	COMPOSITE SAMPLE	METHOD	FREQUENCY				
3. SAMPLES PRESERVED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
4. FLOW PROPORTIONED SAMPLES OBTAINED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
7. SAMPLE SPLIT WITH PERMITTEE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			

9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT.

Y N NA

**Compliance Evaluation Inspection
Maxwell Wastewater Treatment Plant
NPDES Permit No. NM0029149
October 20, 2011**

Introduction

On October 20, 2011, Sarah Holcomb of the New Mexico Environment Department (NMED), Surface Water Quality Bureau (SWQB) conducted a Compliance Evaluation Inspection (CEI) at the Maxwell Wastewater Treatment Plant (WWTP). The Maxwell WWTP has a design flow capacity of 0.02 MGD (million gallons per day) and is classified as a minor industrial 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 NM0029149. This permit regulates the WWTP discharge to the Canadian River in Segment 20.6.4.305 according to the *State of New Mexico Standards for Interstate and Intrastate Surface Waters, 20.6.4 NMAC*. This segment includes the designated uses of irrigation, marginal warmwater aquatic life, livestock watering, wildlife habitat and secondary contact.

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 the WWTP at 0800 hours on October 20, 2011, the inspector conducted an entrance interview with Mr. Elmer Chavez, Supervisor, where she made introductions, presented credentials and explained the purpose of the inspection. Mr. Chavez conducted a tour of the facility. An exit interview was conducted with Mr. Chavez, and Mayor Karla Kay Pinkston at the village offices at approximately 0925 hours on October 20, 2011 to present the preliminary findings of the inspection.

Treatment Scheme

The WWTP treatment plant is in the midst of the installation of a lift station near the headworks of the plant.

Raw wastewater currently flows by gravity to the headworks of the plant. The influent enters the headworks through a 4" Parshall flume and proceeds through a ½" rectangular manually cleaned bar screen.

Following the headworks, the flow is divided equally through a splitter box to two lagoons. The splitter box provides the option of operating the lagoons in parallel, in series, or it also provides the option of bypassing the south lagoon by routing the wastewater from the north lagoon directly to the chlorine contact chamber.

The wastewater would then proceed to the chlorine contact chamber where chlorine tablets are added to disinfect the water through a Spears chlorine dispenser. Mr. Chavez had added baffles in the chlorine contact chamber in order to increase detention time. The flow is then sent through a weir plate with a metal gauge that indicates flow in gallons per minute. The weir is the primary measurement device and Mr. Chavez indicated that he calibrates the weir by using a bucket and a watch.

After chlorination, the flow enters a dechlorination unit on the line headed to the outfall. The outfall actually discharges to a broad arroyo which was dry at the time of the inspection. The Canadian River is about 1 mile from the outfall.

According to their DMRs and the facility representatives, this facility has not discharged since May 2006.

Solids Management

To Mr. Chavez' knowledge, the solids at the plant have never been removed from the lagoons.

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 B – Recordkeeping and Reporting Evaluation – Overall rating of *Marginal*

The permit requires in Part III.C.4, Record Contents:

Records of monitoring information shall include:

- 1. The date, exact place, and time of sampling or measurements;*
- 2. The individual(s) who performed the sampling or measurements;*
- 3. The date(s) and time(s) analyses were performed;*
- 4. The individual(s) who performed the analyses;*
- 5. The analytical techniques or methods used; and*
- 6. The results of such analyses.*

Findings for Recordkeeping and Reporting:

The permittee has not sampled the effluent since 2006 because there has been no discharge from the ponds. However, the inspector reviewed the permittee's paperwork to ensure the permittee's readiness in the event a discharge needs to take place in the future. The TRC and pH forms that were reviewed at the time of this inspection were missing areas to record the analysis time and the specific method used to test the sample. The permittee's representative indicated that he would amend the form and have the new form available to use in the event of a discharge.

Section C – Operations and Maintenance – Overall rating of *Marginal*

The permit states, in Part III.B.3.a & 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...*
- b. The permittee shall provide an adequate operating staff which is duly qualified to carry out operation, maintenance and testing functions required to ensure compliance with the conditions of this permit.*

Findings for Operations and Maintenance:

During the tour of the facility's ponds, at least two tears were noted in the lagoon liners. This was an issue during the last NPDES inspection of the site. The inspector recommended that the tears be fixed as soon as possible.

Currently, Mr. Chavez is the only certified operator for this site. There is a laborer who has been hired, who is preparing to take his Level 1 exam. It is highly recommended that a backup certified operator is available in the event that Mr. Chavez is sick or takes a vacation.

NMED/SWQB
Official Photograph Log
Photo # 1

Photographer: Heidi Henderson	Date: 10-20-2011	Time: 0846 hours
City/County: Maxwell/Colfax County		
Location: Maxwell WWTP		
Subject: Tears in the lagoon liner. The tears have existed since before the last NPDES inspection in 2009.		

