



UTILITY OPERATOR CERTIFICATION COMPLIANCE SURVEY
WATER SUPPLY SYSTEM

 **CHECK ALL APPLICABLE WATER TREATMENT PROCESSES:**

- Ion Exchange (softening, Defluoridation) Comments: _____
- Chlorination
- Fluoridation
- Special, such as Desalinization
- Production, ground Water only

DISTRIBUTION SYSTEM

 **Check** the average daily **population** served.

POPULATION SERVED: <500 501-5000 5001-10,000 10,001-20,000 ~~20,000+~~

 **CHECK ALL APPLICABLE.** Comments: _____

- Distribution of treated Surface Water
- Distribution of Chlorinated Ground Water
- Distribution of Unchlorinated Ground Water
- Booster Station(s) _____ # of booster stations



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WASTEWATER TREATMENT FACILITY

 **Check** the average daily **population** served.

POPULATION SERVED: <500 501-5000 5001-10,000 10,001-20,000 20,000+

 **CHECK ALL APPLICABLE WASTEWATER TREATMENT PROCESSES:**

- Raw Wastewater Lagoons Other (describe in detail, attach additional sheets if necessary)
- Aerated Lagoons
- Primary Treatment _____
- Primary Treatment and Oxidation Ponds _____
- Secondary Treatment, Trickling Filter _____
- Secondary Treatment Aeration _____
- Physical-Chemical Treatment Processes _____
- Advanced Waste Treatment Process

WASTEWATER COLLECTION SYSTEM

 **Check** the average daily **population** served.

POPULATION SERVED: <500 501 - 15,000 15,000 +

 **CHECK ALL APPLICABLE.**

- Lift Station(s) _____ # of lift stations
- Wet Well _____ # of wet wells
- Dry Well _____ # of dry wells
- Comments: _____



UTILITY OPERATOR CERTIFICATION COMPLIANCE SURVEY

www.nmenv.state.nm.us/swqb/UOCP/Certification/Survey

Print name of Utility:

Phone # () --- PWS#, DP, NPDES, _____

Which Shifts does your system/facility operate in a 24 hour period?

DAY (7:30-3:30) EVE (3:30-11:30) NIGHT SHIFT (11:30-7:30) * OTHER

*Explain: _____

What is the largest population using this system/facility in any one day? _____

How many people are employed to **operate** this system/facility? _____

Complete for each operator employed

NAME: _____	Which Shifts does operator work?	Level of NM Certification
ADDRESS: _____		Water _____
_____	DAY <input type="checkbox"/>	Wastewater _____

Phone: _____	EVENING <input type="checkbox"/>	Distribution _____
		Collection _____
OPERATOR ID # _____	NIGHT <input type="checkbox"/>	Other _____

Employee works for: water system wastewater distribution collection

What percent of time: ____% ____% ____% ____%

Duties: _____

Complete for each operator employed

NAME: _____	Which Shifts does operator work?	Level of NM Certification
ADDRESS: _____		Water _____
_____	DAY <input type="checkbox"/>	Wastewater _____

Phone: _____	EVENING <input type="checkbox"/>	Distribution _____
		Collection _____
OPERATOR ID # _____	NIGHT <input type="checkbox"/>	Other _____

Employee works for: water system wastewater distribution collection

What percent of time: ____% ____% ____% ____%

Duties: _____