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Governor

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Lt. Governor

## NEW MEXICO ENVIRONMENT DEPARTMENT

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BUTCH TONGATE  
Acting Cabinet Secretary

J. C. BORREGO  
Acting Deputy Secretary

1 September 2016

Fred Whistle  
Harvest Gold Subdivision, NM3511524  
PO Box 5520  
Farmington, NM 87499

### **RE: Notice of Violation— Surface Water Treatment Rule Failure Correct Significant Deficiencies**

Dear Mr. Whistle:

This letter serves as Notice of Violation that the Harvest Gold Subdivision water system failed to correct significant deficiencies identified during the 2 June 2016 inspection performed by Tanya Trujillo, Joseph Savage, Chris Cudia, and Joe Martinez of the New Mexico Environment Department-Drinking Water Bureau (NMED-DWB).

The NMED-DWB provided the Harvest Gold Subdivision water system a copy of the completed inspection report identifying significant deficiencies. After receiving this report, the Harvest Gold Subdivision water system was required to consult with NMED-DWB regarding the appropriate corrective actions within 45 days as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.723(c)]. The NMED-DWB approved corrective action plan was required to include timeframes to correct all deficiencies. No corrective action plan was received by the NMED-DWB. Therefore, a plan was assigned to the Harvest Gold water system on 1 August 2016. The corrective action plan required the Harvest Gold Subdivision water system within 30 days of initial notification to complete corrective actions listed below 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 this corrective action plan. Consequently, the Harvest Gold Subdivision water system is not in compliance with the regulations of the Safe Drinking Water Act. If the Harvest Gold Subdivision water system has already corrected the deficiencies, please submit documentation that verifies the deficiency has been corrected.

Significant Deficiencies Listed in the Corrective Action Plan  
Requiring Completion and Submission of Documentation Within 30 Days:

1. SW03 - Deficiency: **Chemical Tanks Inadequately Labeled**
5. SW10 - Deficiency: **Lack of or improper pipe labeling within the treatment plant**
6. SW12 - Deficiency: **Lack of, or improper calibration and record keeping of calibrations for meters or lab equipment**
7. SW13 & SW33 - Deficiency: **Improper treatment of drinking water, including not meeting proper inactivation of pathogens; lack of CT calculations during periods of fluctuating chlorine residuals, increased flows, or following changes in plant design or piping**
9. 004G - Deficiency: **Disinfectant residuals not measured and recorded at entry point or in distribution**
10. SW09 - Deficiency: **Lack of, or improper filter backwashing criteria**
11. SW15 - Deficiency: **Inadequate process control monitoring or record keeping**
13. SW20 - Deficiency: **Inadequate sample locations; inadequate turbidity measurements**
14. SW22 - Deficiency: **Leak at fixtures and ports on pressure filters and in piping within treatment plant**
16. SW29 - Deficiency: **Chlorine residual must be kept at least 0.2 mg/l at the entry point to distribution**
17. SW30 - Deficiency: **Required monitoring equipment not present (e.g., bench top turbidimeter)**
18. SW32 - Deficiency: **Lack of temperature and pH data**

Based on the failure to correct the significant deficiencies listed above and provide supporting documentation within the required timeframe, the NMED-DWB requires the Harvest Gold Subdivision water system to notify customers of this violation as required in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.203(a)(1)]. The notice must be provided to all customers and others who drink the water within 30 days 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 Harvest Gold Subdivision 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 publication. 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:

Joseph C. Savage  
NMED  
811 First Street, Suite D  
Alamogordo, NM 88310

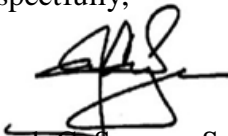
Or send by email to [joe.savage@state.nm.us](mailto:joe.savage@state.nm.us).

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 Harvest Gold Subdivision water system. Continued failure to comply with Public Notification Requirements, as defined in 20.7.10.100 NMAC [incorporating 40 CFR Sections 141.203(a) and 141.31(d)] will result in escalated enforcement actions including issuance of Administrative Orders with possible penalties assessed against the Harvest Gold Subdivision water system.

Continued violation(s) of failure to correct significant deficiencies as defined in 20.7.10.100 NMAC [incorporating 40 CFR Section 141.723(d)] will result in escalated enforcement action(s) including issuance of Administrative Order(s) with possible penalties assessed against the Harvest Gold Subdivision water system.

If you have any questions or need assistance, please contact the NMED-DWB.

Respectfully,

A handwritten signature in black ink, appearing to read 'JCS', with a horizontal line extending to the right from the end of the signature.

Joseph C. Savage, Surface Water Treatment Rule Administrator  
Drinking Water Bureau  
Environmental Health Division

Enclosures: Public Notice Template  
Public Notice Certification Form

Cc: Region Supervisor (electronic)  
Annie Maxfield, Office of General Counsel, NMED  
Area Office file  
Electronic system file

# **IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

## **Harvest Gold Subdivision 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.

An inspection conducted on 2 June 2016 with the New Mexico Environment Department-Drinking Water Bureau (NMED DWB) found **[describe significant deficiencies]**.

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

### **For more information, please contact:**

Fred Whistle  
Harvest Gold Subdivision, NM3511524  
PO Box 5520  
Farmington, NM 87499

*\*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#:** NM3511524    **Water System Name:** Harvest Gold Subdivision water system

**Violation or Situation Date:** August 2016

**Individual Contaminant or Contaminant Group:** Surface Water Treatment Rule

**Violation or Situation Type:** 30 Day Corrective Action Plan Violation

**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:

**Water System Representative:** \_\_\_\_\_  
(Signature)                      (Print Name)                      (Phone Number)

Date of Certification: \_\_\_\_\_



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

General Information		30 Day Significant Deficiency CAP Violations			
System Name:	<u>Harvest Gold Subdivision</u>	Staff:	<u>Tanya Trujillo / JC Savage</u>		
WSS#	<u>NM3511524</u>	Data Steward:	<u>R Asbury</u>		
Violation Type:	<u>45 (SWTR)</u>	Enforcement Type	<table border="1" style="display: inline-table;"><tr><td style="padding: 2px;">SIA</td><td style="padding: 2px;">SIE</td></tr></table>	SIA	SIE
SIA	SIE				
Water System Facility #:	<u>002</u>	Violation Period(s):	<u>Compliance schedule exceedance</u>		
		Manager:	<u>Garcia / Cudia</u>		
		Date:	<u>8/31/2016</u>		
		Determination Date:	<u>8/31/2016</u>		

**Comments:**

Please validate the 13 violations in the table on Page 2 of the NOV associated with exceeding the compliance schedules set in the Harvest Gold corrective action plan of 1 August 2016. Each is a type 45 Tier 2 violation.

**Violation Action**

Validate  
 Reject (Needs Area Supervisor Approval Below)  
 Delete (Needs Area Supervisor and PWSS Manager Approval Below)

**Approval Required for Deleted or Rejected Violations**

**AREA SUPERVISOR**

Approved
  Denied

Area Supervisor Comments:

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Area Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area Supervisor Signature: \_\_\_\_\_

**PWSS GROUP MANAGER**

Approved
  Denied

PWSS Group Manager Comments:

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PWSS Group Manager Name: \_\_\_\_\_ Date: \_\_\_\_\_

PWSS Group Manager Signature: \_\_\_\_\_