



SUSANA MARTINEZ  
Governor  
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Lt. Governor

## NEW MEXICO ENVIRONMENT DEPARTMENT

121 Tijeras NE, Suite 1000  
Albuquerque, NM 87102  
Tel. 505-222-9539 • Fax 505-222-9510  
www.env.nm.gov



BUTCH TONGATE  
Acting Cabinet Secretary  
J. C. BORREGO  
Acting Deputy Secretary

10/19/2016

Fred Whistle  
Morningstar Water Supply System  
PO Box 5520  
Farmington, NM 87499

**RE: TOTAL COLIFORM NON-SAMPLING VIOLATION**  
WSS# NM3510524

Dear Fred Whistle:

Our records indicate that the Morningstar Water Supply System Water System did not submit the required number of microbiological samples in accordance with an approved Revised Total Coliform Rule (RTCR) sampling plan for the month of September 2016. **Pursuant to Section 20.7.10.100 NMAC [incorporating 40 CFR 141.856(b)]**, you are required to take one total coliform samples each month. The Morningstar Water Supply System Water System is in violation of the above referenced section for **failure to conduct routine total coliform monitoring**. Therefore, the following is applicable.

**Pursuant to Section 20.7.10.100 NMAC [incorporating 40 CFR Section 141.204 (c) (1)]**, You are required to notify your customers of this non-sampling violation by **mail or other direct delivery to each customer** and any other methods as necessary to inform the public, within one year from the date of this letter. Please submit proof of publication within 10 days of completing publication of this notice. Proof of notification shall consist of the attached Certification form, signed and dated, indicating the delivery method(s) and a copy of the distributed Public Notice form. Public notice must remain in place **no less than seven days** or as long as the violation still exists, which will be until the next round of compliance sampling is conducted. Please note that failure to comply with this public notice requirement will result in a “*Failure to Provide Public Notice*” violation being issued against Morningstar Water Supply System. This violation is automatically issued, without further notice to you and is also reported to the EPA.

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

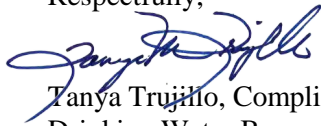
Tanya Trujillo  
121 Tijeras NE, Suite 1000  
Albuquerque, NM 87102

Or by email to [tanya.trujillo2@state.nm.us](mailto:tanya.trujillo2@state.nm.us)

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.

For further questions please contact me at 505-222-9539 or at tanya.trujillo2@state.nm.us.

Respectfully,

A handwritten signature in blue ink, appearing to read "Tanya Trujillo", is written over the typed name.

Tanya Trujillo, Compliance Officer  
Drinking Water Bureau  
Water Protection Division

Enclosures:   Public Notice Template  
                  Public Notice Certification Form

cc: Area Supervisor (electronic)  
      Morningstar Water Supply System water system Area Office file  
      Electronic Central File

# PUBLIC NOTICE

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER Monitoring Requirements Not Met for Morningstar Water Supply System Water

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what happened, what you should do, and what we are doing.

*We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During September 2016, we did not complete all monitoring requirements for Total Coliform and therefore cannot be sure of the quality of our drinking water during that time.*

### What should you do?

There is nothing you need to do at this time.

### What does this mean?

Our water system is required by law to collect a monthly total coliform sample. During this reporting period, we did not collect the required sample.

### What happened? What is being done?

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Date that system collected next valid routine sample: \_\_\_\_\_

(Note: A system will not return to compliance until a lab has analyzed a routine sample).

For more information, please contact Fred Whistle at 505-325-2435 or 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#:** NM3510524    **Water System Name:** Morningstar Water Supply System water system

**Violation or Situation Date:** September 2016

**Individual Contaminant or Contaminant Group:** RTCR

**Violation or Situation Type:** Non-Sampling Violation

**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:

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

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



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

|                          |  |   |   |
|--------------------------|--|---|---|
| General Information      |  | <input checked="" type="checkbox"/> RTCR Non-Sampling |   |
| System Name:             | <u>Morningstar Water Supply System</u> | Staff:  | <u>Tanya Trujillo</u>   |
|                          |  | Manager:  | <u>Chris Cudia</u>  |
| WSS#                     | <u>NM3510524</u>                       | Data Steward:   | <u>Karen Beezhold</u>   |
|                          |  | Date:   | <u>10/19/2016</u>   |
| Violation Type:          | <u>3A</u>                              | Enforcement Type                                      | <input checked="" type="checkbox"/> SIA <input checked="" type="checkbox"/> SIE |
|                          |  | Determination Date:                                   | <u>10/19/2016</u>   |
| Water System Facility #: | <u>000</u>                             | Violation Period(s):                                  | <u>September 2016</u>   |

|           |  |
|-----------|--|
| Comments: | <p>Only 6 samples have been uploaded and 6 hard copies have been received for the month of September 2016. Samples were collected 9/29/2016.</p> |
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|                  |   |
|------------------|---|
| Violation Action | <input checked="" type="checkbox"/> Validate<br><input type="checkbox"/> Reject (Needs Area Supervisor Approval Below)<br><input type="checkbox"/> Delete (Needs Area Supervisor and PWSS Manager Approval Below) |
|------------------|---|

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