NMED - Drinking Water Bureau
Sanitary Survey Form

Source Information

Note: Shaded fields are required for data entry

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009
WSF ID#		Water Supply Facility Name:	Well 5		

Source Codes

Water Type Code:	GW	SEO Well #:	RG 49802-S4	Screen Depth: (ft.)	320-650' & 690-750'	Gravel Pack Depth: (ft.)	205'
Facility Type Code:	WL	Date Equipped:	7/19/2006	Casing Type:	Steel	Type of Pump:	Submersible
Activity Code: (I,A)	A	Well Depth: (ft)	755' ✓	Casing Diameter: (in.)	6"	Pump Setting: (ft.)	493' ✓
Availability Code: (P,A,E, etc.)	P	Static Water Level: (ft)	272' ✓	Casing Depth: (ft.)	560.	Pump Capacity: (gal/min)	✓ 110
Date Constructed:	6/19/2006	Drawdown: (ft)	Unknown 41'	Depth of Grout: (ft.)	195'	Wellhead Elevation:	Unknown 5215

Well Conditions

Is site security adequate? (p 4-5)	No, no fence, has locked well cover	Does the casing extend at least 18" above ground level? (3-19)	Yes 17"
Is well house or pump subject to flooding? (p 4-5)	Yes	Is the well vent height at least 18" above ground level? (3-19)	Yes 17"
Is pump protected from the elements? (p 4-5)	Yes	Is a sanitary seal present and intact?	No Yes
Is general housekeeping of well house or pump house adequate?	Yes	Is turbine pump lubricant approved?	N/A
Does all equipment have adequate access for repair or replacement?	Yes	Condition of turbine pump lubricant?(clean, dirty, empty)	N/A
Is the overall condition of the pump good? (4-11)	Yes	Is a concrete pad around the well head?	Yes
Is lightning protection available for pump? (4-16)	Yes, surge protection	Are any cross-connections present? (p 4-14)	No
Is electrical equipment secured against the elements, insects and animals?	Yes	Has well been tested as a GWUDI?	No
Type of alarm present for pump failure? (p 4-16)	Yes	Does the well need a GWUDI test?	No

Is the pumping system equipped with the following?	Check Valve	Isolation Valve	Pressure Gauge	Air Relief Valve	Flow Meter	Sampling Tap	Disinfection System
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Reservoirs and Stream Sources

Surface area of reservoir: (Acres)		Are there multiple intakes at different depths?	
Average reservoir depth: (ft.)		What is the frequency of intake inspections? (days)	
What are the approximate turnover date(s)?		Is highest quality of water being used?	
What type of treatment is done in the reservoir ?		Is siltation a problem?	
Average River (stream) flow? (ft^3/sec)		Are contamination sources present?	
Is the intake structure properly constructed?		**General Surface Water Source**	
Spring and Infiltration Galleries		Are turbidities properly collected and reported?	
Type of collection pipe?		Is the watershed protected?	
Depth of cover? (ft.)		Is there an emergency spill plan ?	
What type of liner is present?		Is site security adequate? (p 4-5)	
Maximum spring/gallery production? (gpm)		Can wind directions affect water quality?	
Is spring/gallery subject to flooding? (p 3-16)		Can ice formations affect water quality?	
Is spring/gallery subject to seasonal fluctuations?		Do changing water currents affect water quality?	

NMED - Drinking Water Bureau
Sanitary Survey Form

Source Information

Note: Shaded fields are required for data entry

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009
WSF ID#		Water Supply Facility Name:	Well 4 (failed well - Plugged by Rodgers and Co. Inc. Nov. 10th & 11th, 2009)		

Source Codes		Basic Well Information					
Water Type Code:		SEO Well #:	RG49802-S-5	Screen Depth: (ft.)		Gravel Pack Depth: (ft.)	
Facility Type Code:		Date Equipped:		Casing Type:		Type of Pump:	
Activity Code: (I,A)	I	Well Depth: (ft)		Casing Diameter: (in.)		Pump Setting: (ft.)	
Availability Code: (P,A,E, etc.)	A, To be abandoned	Static Water Level: (ft)		Casing Depth: (ft.)		Pump Capacity: (gal/min)	
Date Constructed:		Drawdown: (ft)		Depth of Grout: (ft.)		Wellhead Elevation:	

Well Conditions

Is site security adequate? (p 4-5)		Does the casing extend at least 18" above ground level? (3-19)	
Is well house or pump subject to flooding? (p 4-5)		Is the well vent height at least 18" above ground level? (3-19)	
Is pump protected from the elements? (p 4-5)		Is a sanitary seal present and intact?	
Is general housekeeping of well house or pump house adequate?		Is turbine pump lubricant approved?	
Does all equipment have adequate access for repair or replacement?		Condition of turbine pump lubricant?(clean, dirty, empty)	
Is the overall condition of the pump good? (4-11)		Is a concrete pad around the well head?	
Is lightning protection available for pump? (4-16)		Are any cross-connections present? (p 4-14)	
Is electrical equipment secured against the elements, insects and animals?		Has well been tested as a GWUDI?	
Type of alarm present for pump failure? (p 4-16)		Does the well need a GWUDI test?	

Is the pumping system equipped with the following?	Check Valve	Isolation Valve	Pressure Gauge	Air Relief Valve	Flow Meter	Sampling Tap	Disinfection System

Reservoirs and Stream Sources

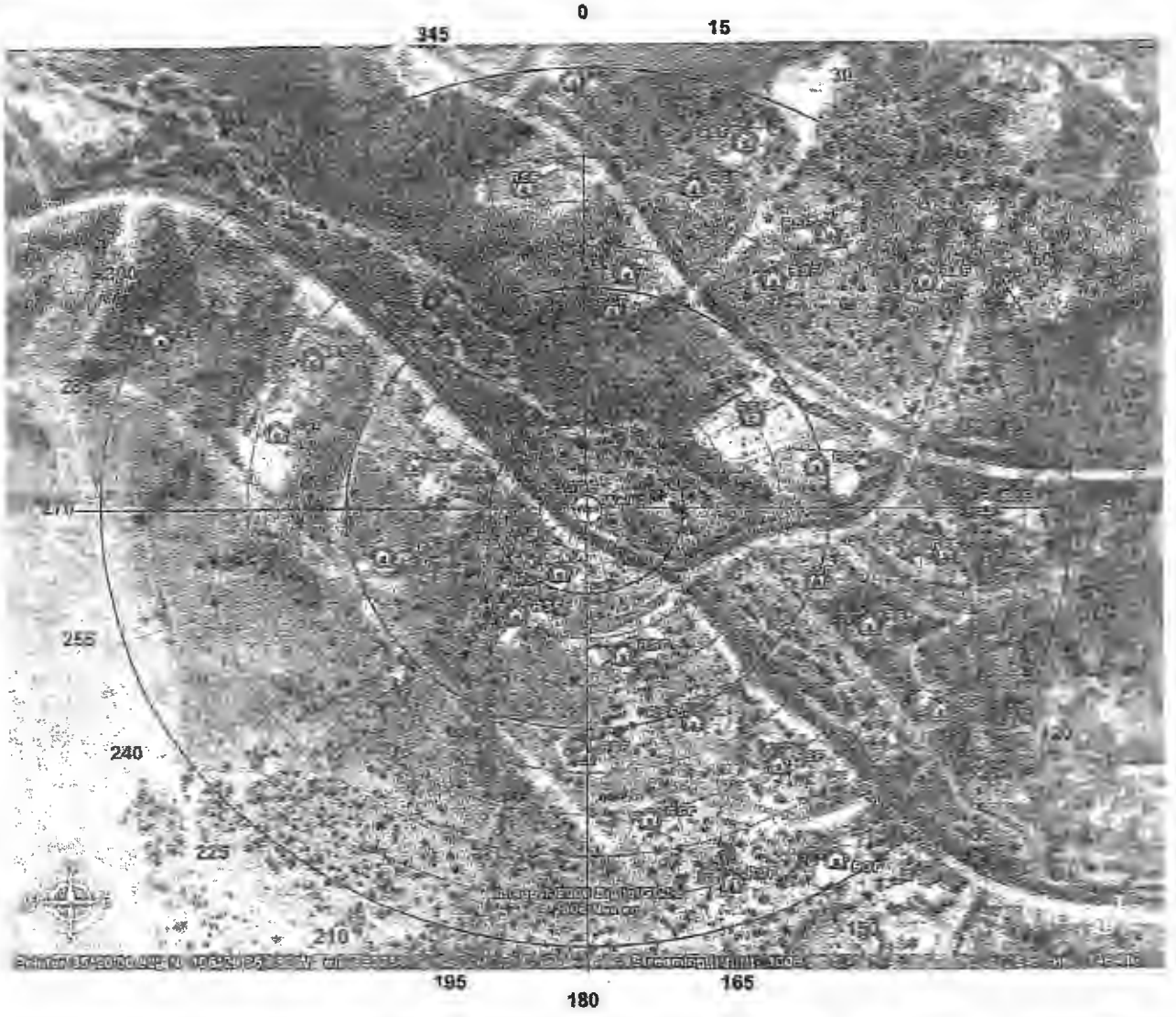
Surface area of reservoir: (Acres)		Are there multiple intakes at different depths?	
Average reservoir depth: (ft.)		What is the frequency of intake inspections? (days)	
What are the approximate turnover date(s)?		Is highest quality of water being used?	
What type of treatment is done in the reservoir ?		Is siltation a problem?	
Average River (stream) flow? (ft^3/sec)		Are contamination sources present?	
Is the intake structure properly constructed?		**General Surface Water Source**	
Spring and Infiltration Galleries		Are turbidities properly collected and reported?	
Type of collection pipe?		Is the watershed protected?	
Depth of cover? (ft.)		Is there an emergency spill plan ?	
What type of liner is present?		Is site security adequate? (p 4-5)	
Maximum spring/gallery production? (gpm)		Can wind directions affect water quality?	
Is spring/gallery subject to flooding? (p 3-16)		Can ice formations affect water quality?	
Is spring/gallery subject to seasonal fluctuations?		Do changing water currents affect water quality?	

NMED - Drinking Water Bureau

Sanitary Survey Form

Contaminate Plot

WSS #:		Water Supply System Name		Date: 06/08/06



LIST CONTAMINANT SOURCE, DESCRIPTION AND DISTANCE FROM WATER SOURCE

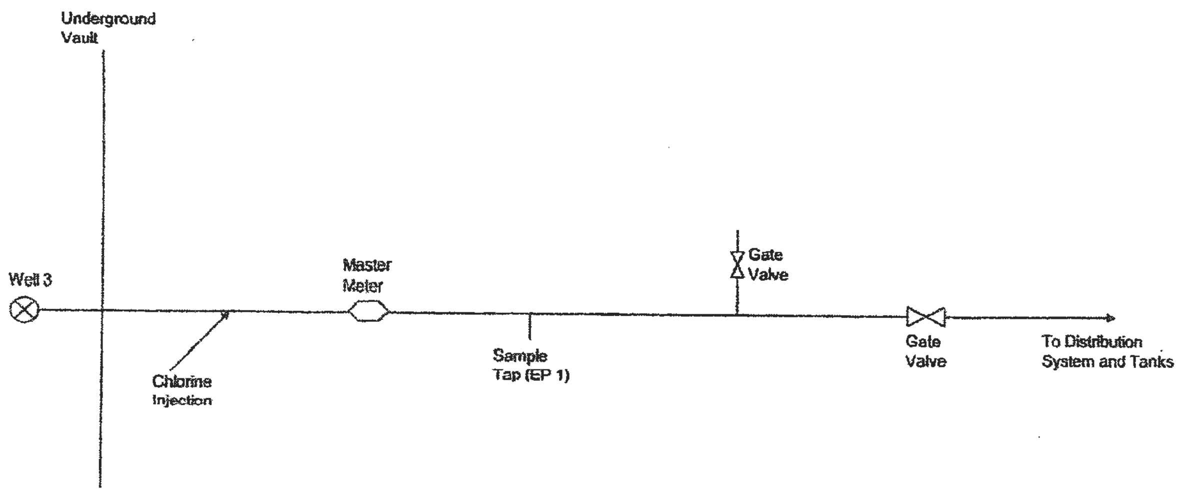
Code	Description	Distance	Code	Description	Distance
RSF	DOMESTIC SEPTIC				
ADC	ARROYO				

NMED - Drinking Water Bureau

Sanitary Survey Form

Well/Pumphouse Schematic

PWSS #:	NM35001-23	Water Supply System Name	La Mesa Water Cooperative	Date:	10/13/2009
WSF #		Water System Facility Name	Well 3		



NMED - Drinking Water Bureau
Sanitary Survey Form

Source Information

Note: Shaded fields are required for data entry

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009
WSF ID#		Water Supply Facility Name:	Well 3		

Source Codes		Basic Well Information					
Water Type Code:	GW	SEO Well #:	RG 48802-S2	Screen Depth: (ft.)	500-520' & 560-680'	Gravel Pack Depth: (ft.)	266'
Facility Type Code:	WL	Date Equipped:	1998	Casing Type:	Steel	Type of Pump:	Submersible
Activity Code: (I,A)	I	Well Depth: (ft)	720'	Casing Diameter: (in.)	6"	Pump Setting: (ft.)	471'
Availability Code: (P,A,E, etc.)	E	Static Water Level: (ft)	243'	Casing Depth: (ft.)	560'	Pump Capacity: (gal/min)	65 gpm
Date Constructed:	1998	Drawdown: (ft)	30'	Depth of Grout: (ft.)	211'	Wellhead Elevation:	5320

Well Conditions

Is site security adequate? (p 4-5)	No, no fence, locked cover over well.	Does the casing extend at least 18" above ground level? (3-19)	No
Is well house or pump subject to flooding? (p 4-5)	No	Is the well vent height at least 18" above ground level? (3-19)	Yes
Is pump protected from the elements? (p 4-5)	Yes	Is a sanitary seal present and intact?	Yes
Is general housekeeping of well house or pump house adequate?	Yes	Is turbine pump lubricant approved?	N/A
Does all equipment have adequate access for repair or replacement?	Yes	Condition of turbine pump lubricant?(clean, dirty, empty)	N/A
Is the overall condition of the pump good? (4-11)	Yes	Is a concrete pad around the well head?	Yes
Is lightning protection available for pump? (4-16)	Yes, surge protection	Are any cross-connections present? (p 4-14)	No
Is electrical equipment secured against the elements, insects and animals?	Yes	Has well been tested as a GWUDI?	No
Type of alarm present for pump failure? (p 4-16)	None	Does the well need a GWUDI test?	No

Is the pumping system equipped with the following?	Check Valve	Isolation Valve	Pressure Gauge	Air Relief Valve	Flow Meter	Sampling Tap	Disinfection System
	Yes	Yes	No	Yes	Yes	Yes	Yes

Reservoirs and Stream Sources

Surface area of reservoir: (Acres)		Are there multiple intakes at different depths?	
Average reservoir depth: (ft.)		What is the frequency of intake inspections? (days)	
What are the approximate turnover date(s)?		Is highest quality of water being used?	
What type of treatment is done in the reservoir ?		Is siltation a problem?	
Average River (stream) flow? (ft^3/sec)		Are contamination sources present?	
Is the intake structure properly constructed?		**General Surface Water Source**	
Spring and Infiltration Galleries		Are turbidities properly collected and reported?	
Type of collection pipe?		Is the watershed protected?	
Depth of cover? (ft.)		Is there an emergency spill plan ?	
What type of liner is present?		Is site security adequate? (p 4-5)	
Maximum spring/gallery production? (gpm)		Can wind directions affect water quality?	
Is spring/gallery subject to flooding? (p 3-16)		Can ice formations affect water quality?	
Is spring/gallery subject to seasonal fluctuations?		Do changing water currents affect water quality?	

NMED - Drinking Water Bureau
Sanitary Survey Form

General Information

Note: Shaded fields are required for data entry

PWSS#:	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009

Basic Operational Information

Does the system have current As Built Drawings?	Yes	Does the system have a safety program?	Yes
Does the system have standard operation procedures?	Yes	Does the system have a preventative maintenance program?	Yes
Does the system have construction standards - own or by reference?	Yes	Does the system have an official flushing program?	Yes, dead ends qtly and the rest of the system every 2 years.
Does the system have an operable cross-connection control plan?	Yes	Does a formal valve inspection/exercising program exist?	Yes
Does the system properly test according to the TCR Rule?	Yes	Does the system properly test for Disinfection by Products?	Yes

Source Type

Source Type	Number	% Total Production	Source Type	Number	% Total Production
Wells:	5, 3 active, 1 inactive and 1 to be abandoned.	100%	Surface Intake (Lake or Reservoir):		
Infiltration Galleries:			Surface Intake (Stream or River):		
Purchased Surface Water:			Spring:		
Purchased Ground Water:			Other Source Type:		

If purchased water:	Sellers WSS Code:		% sold		Second Prchased Water Seller:	Sellers WSS Code:		% sold	

Basic System Statistics

Population Served:	650	Maximum Groundwater Source Production: (MGD)	0.33	Number of Storage Facilities:	1
Number of connections:	320 active, no commercial	Maximum Treatment System Capacity: (MGD)	0.33	Total System Storage Capacity: (MG)	300,000-gals.
Number of metered connections:	320. 50 homes not built yet.	Average Daily Demand:(MGD)	0.08	Does System Disinfect?	Yes
# Of Days Without Water Since Last Survey:	None	Peak Daily Demand:(MGD)	0.13	Have Previous Sanitary Defects Been Corrected:	Yes

Survey Discussed With: (signature)	Phillip Carter, Marty Davis, Gordon Forbes, Francis West and Dave Otter	Date:	10/13/2009
Survey Conducted By:	Jerome K. Lewis	Date:	10/13/2009

NMED - Drinking Water Bureau
Sanitary Survey Form

System Info and Contacts

Note: All information on this page required for data entry except for the Additional Basic Information section

WSS#:	001-23	Water Supply System Name:	La Mesa Water Cooperative							Date:	10/13/2009

Basic System Information

ysical System cation:	La Mesa and Sundance Subdivisions			Owner Type Code:	P	Seasonal (Y/N)	No	Required Certification Level For Treatment:	WS 1	State Cooperation Commission #:	1407527
y	Placitas	County	Sandoval	System Classification (C-NC-NTNC)	C	Seasonal Begin Date:	N/A	Required Certification Level For Distribution:	*	St. Engineer File #:	RG-85802 et al
ate	Phone #	LL Date	8/8/2002								
M	(505) 867-3335	LL Method	GPS-NAV	Service Area Type Code:	R1	Seasonal End Date:	N/A	Highest Level Operator employed:	WS3	State Tax ID#:	02-133879-002
p Code	Fax #	Latitude	35° 19' 29.98" N								
7043	(505) 867-9071	Longitude	106° 28' 29.9" W	DWB Area Office	Albuquerque	Average Hours/Day System Is In Prod.	12 hours	Number of operators employed:		Permitted water Rights:	118 AF/year (permitted)

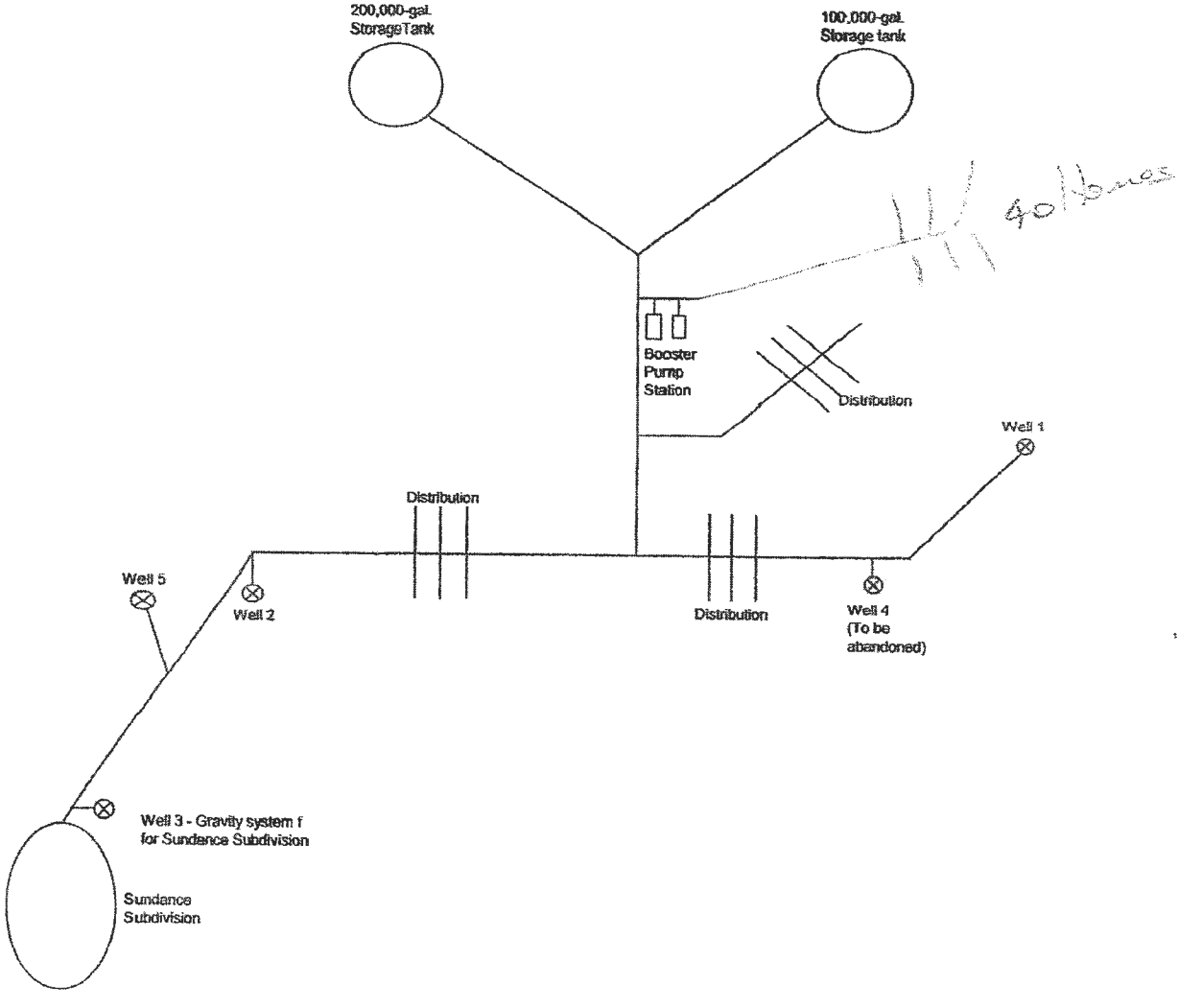
WS Legal Entity	Name	Street Address/ PO Box	City	State	Zip	Phone # / Fax #	Legal Entity Type Code	Government Type Code	Professional Qual.
wner	La Mesa Water Cooperative	PO Box 53	Placitas	NM	87043	867-3335 867-9071	lamesawatercoop@comcast.net		
dministrative Contact	Hilda Penhallurick	PO Box 53	Placitas	NM	87043	867-3335 867-9071			
hief Operator	Phillip Carter	PO Box 10667	Albuquerque	NM	87184	410-3266 898-4798	watersvcmgtinc@aol.com		WS3
	Marty Davis					771-9127	lamesawatercoop@comcast.net		
	Gordon Forbes					771-3464	Gforbes@milliken.edu		
	Francis West					771-9283	afgwest@comcast.net		
	Dave Otter						dbotter@comcast.net		

NMED - Drinking Water Bureau

Sanitary Survey Form

System Schematic

PWSS #:	NM35001-23	Water Supply System Name	La Mesa Water Cooperative	Date:	10/13/2009
WSF #		Water System Facility Name	La Mesa Water Cooperative		



NMED - Drinking Water Bureau
Sanitary Survey Form

System Nodes and WSF #'s

Note: All information on this page required for data entry.

PWSS# 001-21 | Water Supply System Name: La Mesa Water Cooperative | Date: ########

NSF ID #	Node ID #	WSF Code	Water System Facility Name	Treatment Objective Code	Treatment Process Code	Sample Point (Y/N)	Entry Point (Y/N)	Latitude	Longitude	LL Date	LL Method	LL Datum	LL Desc.	Previous Node #	Next Node #
	1		Well #1	N/A	N/A	Y	Y	35° 19' 29.0" N	106° 28' 43.6" W	8/8/2002	GPS/Abs.	WGS 84		None	2
	2		Chlorination Unit Well 1	D	421	N	N	35° 19' 09.850" N	106° 28' 41.411" W	8/8/2002	GPS/Abs.	WGS 84		1	10
	3		Well 2	N/A	N/A	Y	Y	35° 19' 34.489" N	106° 28' 47.289' W	8/8/2002	GPS/Abs.	WGS 84		None	4
	4		Chlorination Unit Well 2	D	421	N	N	35° 19' 34.489" N	106° 28' 47.289" W	8/8/2002	GPS/Abs.	WGS 84		3	10
	5		Well 3 (presently inactive - high arsenic)	N/A	N/A	Y	Y	35° 20' 01.016" N	106° 29' 35.977" W	8/8/2002	GPS/Abs.	WGS 84		None	6
	6		Chlorination Unit Well 3 (presently inactive - high arsenic)	D	421	N	N	35° 20' 01.016" N	106° 29' 35.977" W	8/8/2002	GPS/Abs.	WGS 84		5	10
	7		Well 5	N/A	N/A	Y	Y	35° 19' 44.0" N	106° 28' 36.1" W	10/13/2009	GPS/Abs.	WGS 84		None	8
	8		Chlorination Unit Well 5	D	421	N	N	35° 19' 44.0" N	106° 28' 36.1" W	8/8/2002	GPS/Abs.	WGS 84		7	10
	9		Storage Tanks	N/A	N/A	Y	N	35° 19' 29.398" N	106° 28' 43.656" W	8/8/2002	GPS/Abs.	WGS84		10	10
	10		Distribution System	N/A	N/A	Y	N	N/A	N/A	N/A	N/A	N/A		2,4, 6 & 8	None
	11		Well 4 (Properly abandoned per NM OSE requirements)	N/A	N/A	N	N	35° 19' 10.0" N	106° 28' 41.4" W	10/13/2009	GPS/Abs.	WGS 84		None	None

NMED - Drinking Water Bureau
Sanitary Survey Form

Source Information

Note: Shaded fields are required for data entry

391-669

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009
WSF ID#		Water Supply Facility Name:	Well 1		

Source Codes

Water Type Code:	GW
Facility Type Code:	WL
Activity Code: (I,A)	A
Availability Code: (P,A,E, etc.)	P
Date Constructed:	1989

Basic Well Information

SEO Well #:	RG 49802	Screen Depth: (ft.)	379 - 689'	Gravel Pack Depth: (ft.)	350' ✓
Date Equipped:	2008	Casing Type: PVC	Steel/PVC Liner	Type of Pump:	Submersible ✓
Well Depth: (ft)	690'	Casing Diameter: (in.)	4"	Pump Setting: (ft.)	514'
Static Water Level: (ft)	368'	Casing Depth: (ft.)	689' ✓	Pump Capacity: (gal/min)	36 gpm ✓
Drawdown: (ft)	Unknown ~~Δ6'~~	Depth of Grout: (ft.)	220' ✓	Wellhead Elevation:	5520'

Well Conditions

Is site security adequate? (p 4-5)	No, no fence, has locked well cover	Does the casing extend at least 18" above ground level? (3-19)	Yes
Is well house or pump subject to flooding? (p 4-5)	No	Is the well vent height at least 18" above ground level? (3-19)	Yes
Is pump protected from the elements? (p 4-5)	Yes	Is a sanitary seal present and intact?	Yes
Is general housekeeping of well house or pump house adequate?	Yes	If turbine pump lubricant approved?	N/A
Does all equipment have adequate access for repair or replacement?	Yes	Condition of turbine pump lubricant?(clean, dirty, empty)	N/A
Is the overall condition of the pump good? (4-11)	Yes	Is a concrete pad around the well head?	Yes
Is lightning protection available for pump? (4-16)	Yes, surge protection	Are any cross-connections present? (p 4-14)	No
Is electrical equipment secured against the elements, insects and animals?	Yes	Has well been tested as a GWUDI?	No
Type of alarm present for pump failure? (p 4-16)	None	Does the well need a GWUDI test?	No

Is the pumping system equipped with the following?	Check Valve	Isolation Valve	Pressure Gauge	Air Relief Valve	Flow Meter	Sampling Tap	Disinfection System
	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Reservoirs and Stream Sources

Surface area of reservoir: (Acres)		Are there multiple intakes at different depths?	
Average reservoir depth: (ft.)		What is the frequency of intake inspections? (days)	
What are the approximate turnover date(s)?		Is highest quality of water being used?	
What type of treatment is done in the reservoir ?		Is siltation a problem?	
Average River (stream) flow? (ft^3/sec)		Are contamination sources present?	
Is the intake structure properly constructed?			

Spring and Infiltration Galleries

Type of collection pipe?		Are turbidities properly collected and reported?	
Depth of cover? (ft.)		Is the watershed protected?	
What type of liner is present?		Is there an emergency spill plan ?	
Maximum spring/gallery production? (gpm)		Is site security adequate? (p 4-5)	
Is spring/gallery subject to flooding? (p 3-16)		Can wind directions affect water quality?	
Is spring/gallery subject to seasonal fluctuations?		Can ice formations affect water quality?	
		Do changing water currents affect water quality?	

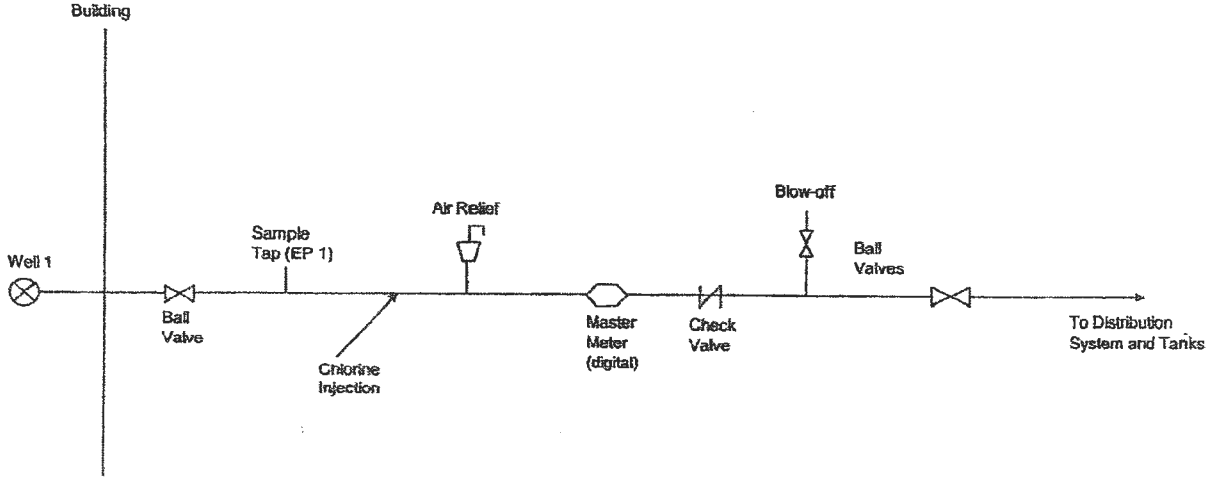
General Surface Water Source

NMED - Drinking Water Bureau

Sanitary Survey Form

Well/Pumphouse Schematic

PWSS #:	NM35001-23	Water Supply System Name	La Mesa Water Cooperative	Date:	10/13/2009
WSF #		Water System Facility Name	La Mesa Water Cooperative		

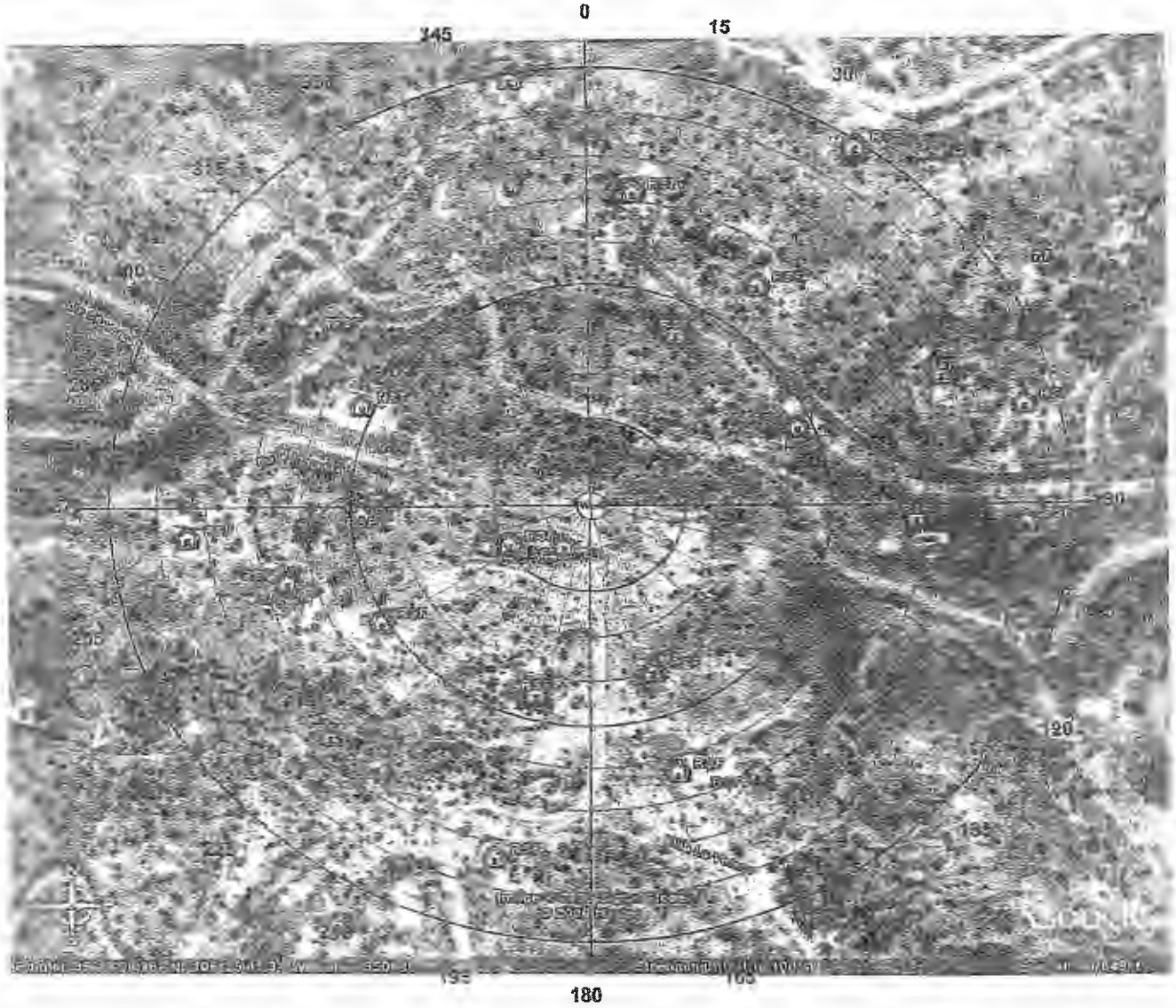


NMED - Drinking Water Bureau

Sanitary Survey Form

Contaminate Plot

WSS #:		Water Supply System Name		Date: 06/08/06



LIST CONTAMINANT SOURCE, DESCRIPTION AND DISTANCE FROM WATER SOURCE

Code	Description	Distance	Code	Description	Distance
RSF	DOMESTIC SEPTIC				
ADC	ARROYO				

NMED - Drinking Water Bureau
Sanitary Survey Form

Source Information

Note: Shaded fields are required for data entry

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	DATE:	10/13/2009
WSF ID#		Water Supply Facility Name:	Well 2		

Source Codes		Basic Well Information					
Water Type Code:	GW	SEO Well #:	RG 49802-S	Screen Depth: (ft.)	386 - 708'	Gravel Pack Depth: (ft.)	350'
Facility Type Code:	WL	Date Equipped:	1995	Casing Type:	Steel	Type of Pump:	Submersible
Activity Code: (I,A)	A	Well Depth: (ft)	720'	Casing Diameter: (in.)	6"	Pump Setting: (ft.)	530'
Availability Code: (P,A,E, etc.)	P	Static Water Level: (ft)	350'	Casing Depth: (ft.)	708' 720'	Pump Capacity: (gal/min)	25 gpm
Date Constructed:	1995	Drawdown: (ft)	Unknown 120'	Depth of Grout: (ft.)	20'	Wellhead Elevation:	5520'

Well Conditions

Is site security adequate? (p 4-5)	No, no fence, has locked well cover	Does the casing extend at least 18" above ground level? (3-19)	No
Is well house or pump subject to flooding? (p 4-5)	No	Is the well vent height at least 18" above ground level? (3-19)	No
Is pump protected from the elements? (p 4-5)	Yes	Is a sanitary seal present and intact?	Yes
Is general housekeeping of well house or pump house adequate?	Yes	I turbine pump lubricant approved?	N/A
Does all equipment have adequate access for repair or replacement?	Yes	Condition of turbine pump lubricant?(clean, dirty, empty)	N/A
Is the overall condition of the pump good? (4-11)	Yes	Is a concrete pad around the well head?	Yes
Is lightning protection available for pump? (4-16)	Yes, surge protection	Are any cross-connections present? (p 4-14)	No
Is electrical equipment secured against the elements, insects and animals?	Yes	Has well been tested as a GWUDI?	No
Type of alarm present for pump failure? (p 4-16)	None	Does the well need a GWUDi test?	No

Is the pumping system equipped with the following?	Check Valve	Isolation Valve	Pressure Gauge	Air Relief Valve	Flow Meter	Sampling Tap	Disinfection System
	Yes	Yes	No	Yes	Yes	Yes	Yes

Reservoirs and Stream Sources

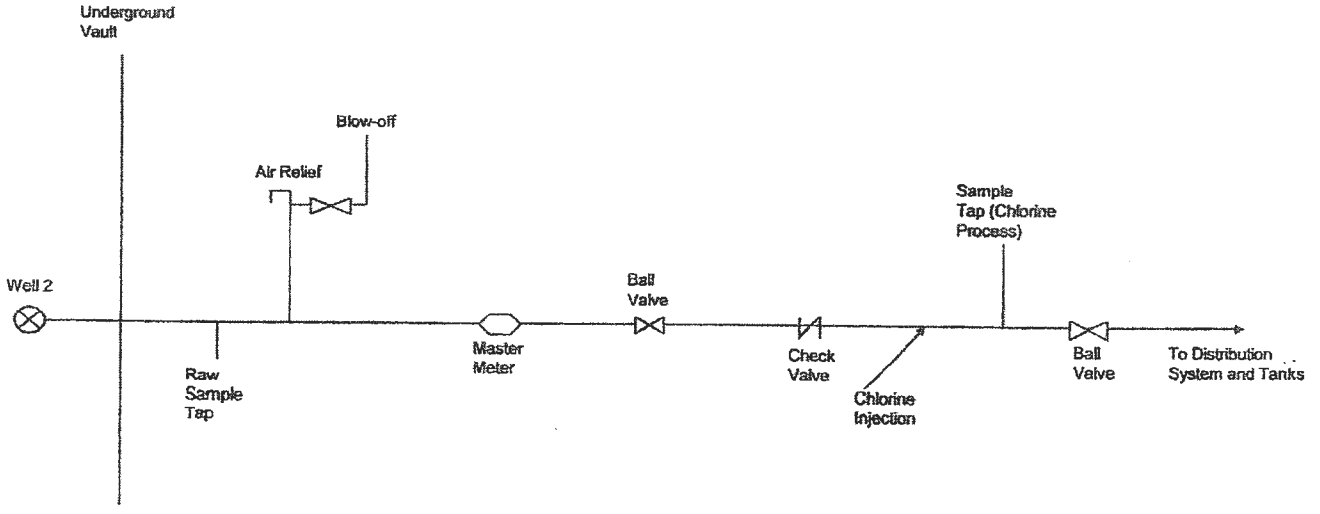
Surface area of reservoir: (Acres)		Are there multiple intakes at different depths?	
Average reservoir depth: (ft.)		What is the frequency of intake inspections? (days)	
What are the approximate turnover date(s)?		Is highest quality of water being used?	
What type of treatment is done in the reservoir ?		Is siltation a problem?	
Average River (stream) flow? (ft^3/sec)		Are contamination sources present?	
Is the intake structure properly constructed?		**General Surface Water Source**	
Spring and Infiltration Galleries		Are turbidities properly collected and reported?	
Type of collection pipe?		Is the watershed protected?	
Depth of cover? (ft.)		Is there an emergency spill plan ?	
What type of liner is present?		Is site security adequate? (p 4-5)	
Maximum spring/gallery production? (gpm)		Can wind directions affect water quality?	
Is spring/gallery subject to flooding? (p 3-16)		Can ice formations affect water quality?	
Is spring/gallery subject to seasonal fluctuations?		Do changing water currents affect water quality?	

NMED - Drinking Water Bureau

Sanitary Survey Form

Well/Pumphouse Schematic

PWSS #:	NM35001-23	Water Supply System Name	La Mesa Water Cooperative	Date:	10/13/2009
WSF #		Water System Facility Name	Well 2		

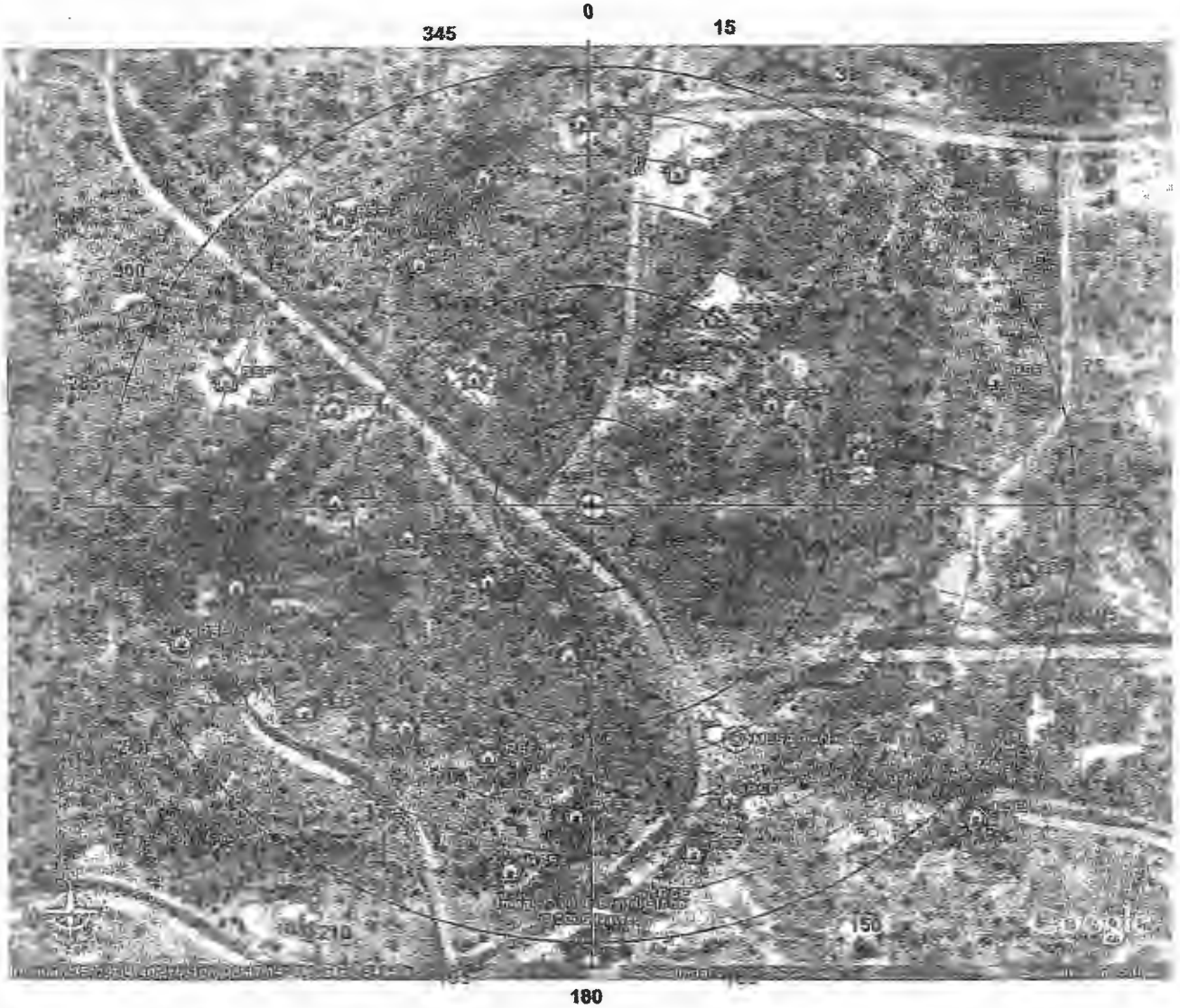


NMED - Drinking Water Bureau

Sanitary Survey Form

Contaminate Plot

				Date:
WSS #:		Water Supply System Name		06/08/06



LIST CONTAMINANT SOURCE, DESCRIPTION AND DISTANCE FROM WATER SOURCE

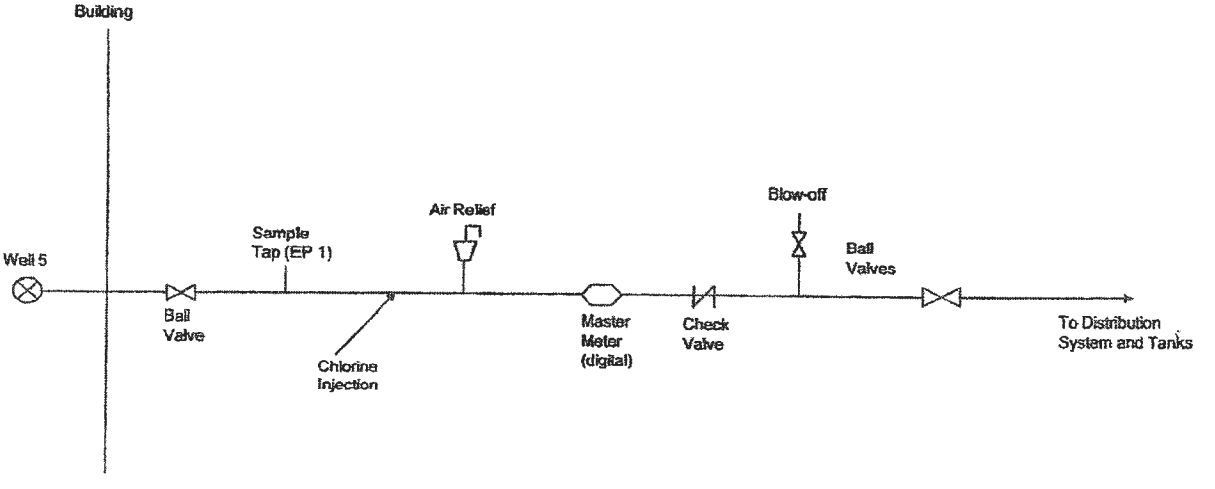
Code	Description	Distance	Code	Description	Distance
RSF	DOMESTIC SEPTIC				
ADC	ARROYO				

NMED - Drinking Water Bureau

Sanitary Survey Form

Well/Pumphouse Schematic

PWSS #:	NM35001-23	Water Supply System Name	La Mesa Water Cooperative	Date:	10/13/2009
WSF #		Water System Facility Name	Well 5		

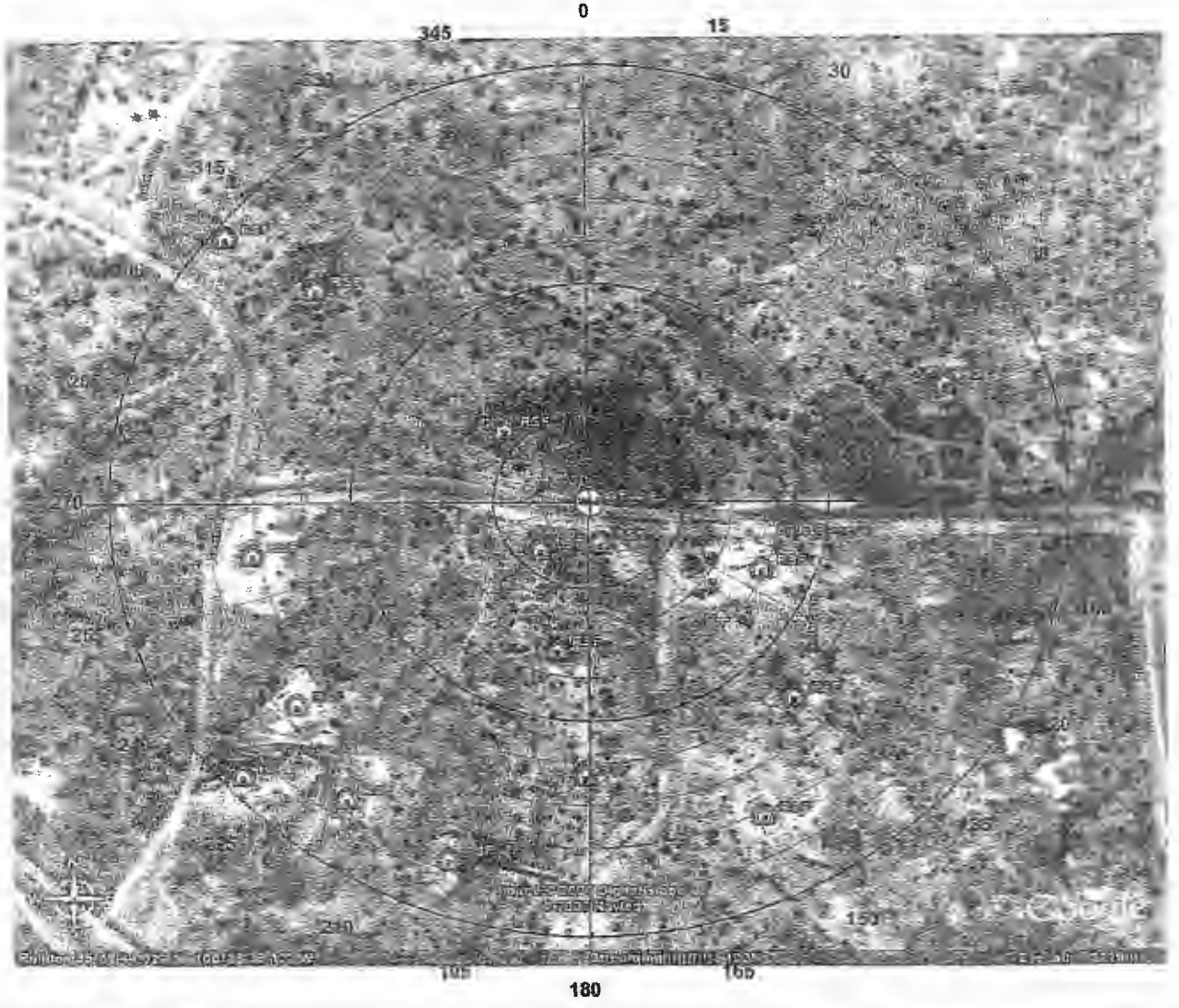


NMED - Drinking Water Bureau

Sanitary Survey Form

Contaminate Plot

WSS #:		Water Supply System Name		Date: 06/08/06



LIST CONTAMINANT SOURCE, DESCRIPTION AND DISTANCE FROM WATER SOURCE

Code	Description	Distance	Code	Description	Distance
RSF	DOMESTIC SEPTIC				

NMED - Drinking Water Bureau
Sanitary Survey Form

Treatment and Facility Information

PWSS:	NM3500123	Water Supply System Name:	La Mesa Water Cooperative			Date:	10/13/2009

Chemicals In Use

Chemicals In Use	Dosage	Point of Use	Reason for Use	Storage Facilities	Method For Determining Dose
ium Hypo-Chlorite	0.6 mg/L	At Wells	Disinfection	30-gal. drums (pre-mixed at factory)	Chlorine residuals

Pumps (All pumps except groundwater well pumps)

Pump Function	Capacity	Condition
Booster Pump 1	75 gpm, 5 HP	Good
Booster Pump 2	75 gpm, 5 HP	Good

Pump and Meter Calibration

Type of Equipment	Is Equipment Operable	Frequency of Calibrations	Is O&M Manual Available
Booster Pumps	Yes	Factory	No
4 Master Meters	Yes	Factory	No

Sampling and testing schedule Non NMED

Type of Test	Sample Location	Grab sample Or Continuous read	Required Frequency
Total Coliform	Distribution, per sample siting plan	Grab	1 per month
Chlorine residual	Distribution system	Grab	1, every time a required total coliform is collected.
TTHMs	Distr. system (point of maximum residence time)	Grab	1 set every three years (next, summer of 2011)
HAA5s	Distr. system (point of maximum residence time)	Grab	1 set every three years (next, summer of 2011)
Lead	Distribution System	Grab	Triennial, next, summer 2011
Copper	Distribution system		Triennial, next, summer 2011

NMED - Drinking Water Bureau
Sanitary Survey Form

Disinfection

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	Date:	10/13/2009
WSF ID #	001-23	Water Supply Facility Name:	Sodium Hypo-Chlorite Injection Systems		

Hypochlorination	
What type of hypochlorite is used?	Sodium
Is solution adequately mixed?	Yes, pre-mixed at factory
Is Solution tank covered?	Yes
Are there adequate spill containment provisions?	No, cement floor
Are safe practices followed during chemical handling and mixing?	Yes, have all necessary equip. and a respirator

Chlorine Information	
Is correct reagent used for residual samples?	Yes, Hach Pocket Colorimeter, DPD reagent
What is chlorine feed rate? (ml/l)	0.4 - 0.6 mg/L
Is contact time adequate?	No, wells feed direcly into the distribution system
Have interruptions occurred in disinfection?	No

Ultraviolet Disinfection	
What is the diameter of the UV shell? (cm)	
What is the diameter of the lamp? (cm)	
What is the water turbidity? (NTU)	
Is the lamp wiper operable?	
How often do they use the wiper? (days)	
What is the units intensity? (mW-sec/cm2)	

Mixed oxidants (Miox, Chlortec)	
Is hydrogen gas properly vented?	
Are contacts cleaned (how often)?(Months)	
Condition of water softener cartridge?	

Gas Chlorination Checklist	
Is a method for leak detection present?	
Have automatic detectors been tested recently?	
What is the detector setting? (ppb)	
Is the chlorination equipment properly contained?	
Is the chlorination room vented properly?	
Does the chlorination room door open out with a panic bar?	
Are cross connections present in the chlorination room?	
Is the alarm tied to interruptions in the chlorine feed?	
Does the chlorine system have automated feed rate and chlorine residual monitor?	
If more than one gas cylinder, is there an automatic switchover between tanks?	
Are the cylinders on a working scale?	
Is a wrench in place on open gas cylinders?	
Are all gas cylinders properly marked and restrained?	
Is ammonia available for testing leaks?	
Are there adequate leak containment provisions?	
Are safe practices followed during cylinder repair and replacement?	
What type of respiratory protection is provided?	
How many individuals are present during cylinder repair or replacement?	
Is an emergency plan in place?	
How long since the emergency plan was last practiced?	
What is the operating condition of the chlorinator?	
[illegible]	

NMED - Drinking Water Bureau
Sanitary Survey Form

Storage Facility

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	Date:	10/13/2009
WSF ID#		Water System Facility Name:	Storage Tank 1 (100,000-gals.)		

Design and Maintenance for Storage Facilities

Type of Material:	Steel	Cathodic Protection (Y/N)	No	Ave. Detention Time (days):	2
Capacity (Gals.):	100,000-gals.	Internal Condition:	Unknown, did not inspect.	Is Air Vent Screened (Y/N):	Yes, per last survey, did not inspect.
Date Constructed:	1989	Type of Internal Paint:	Epoxy, per past operator (Joe Neas), meets NSF standards	Adequate Site Security(Y/N)	Yes
Date Rehabilitated:	1995	External Condition:	Good	Overflow Screened (Y/N)	Yes No

Type of tank (floating or direct pump) (P 5-8)	Floating	Are cathodic access panels sealed? (Y/N) (P 5-11)	N/A
Do overflow lines and drain lines Terminate 12" - 18" above grade (Y/N) (P 5-10)	No, at grade level (yes - overflow, drain)	Is the access hatch properly designed and constructed? (P 5-11)	Yes, per last survey, not inspected
Are splash pads provided for overflow and drain lines (Y/N) (P 5-10)	No	Is access hatch locked (Y/N) (P 5-11)	Yes, per operator, not inspected
Can storage tank be isolated from system (Y/N) (P 5-12)	Yes	Are roof penetrations for indicator properly sealed (Y/N) (P5-11)	Unknown, did not inspect.
Is tank structurally sound (Y/N)? (P 5-22)	Yes	Is the storage tank properly vented?	Yes, per last sanitary survey, not inspected
Is or can short-circuiting occur (Y/N)	Yes	Is the air vent a minimum of 6" above storage tank surface and protected from rain? (Y/N) (P5-10)	Yes, per last sanitary survey, not inspected
Is Routine inspection, maintenance, and cleaning conducted on tanks(Y/N) (P 5-13)	No (yes)	Does level indicator work Properly (Y/N)? (P 5-9)	Yes

General Pressure Tank

Volume (Gallons):	3 - 86-gals., 3 - 110-gals., 6 total	Type of pressure tank(s) (wafer, bladder, etc)	Bladder
Age (Years):	3 - 86-gal. tanks are 21 years old, 3 -110-gal. tanks are 2 years old	Is a booster pump attached (Y/N)?	Yes, 2
Cycle Rate: (on/off per hour)	6/hour	Horsepower of booster pump?	2 @ 5 HP (75 gpm), lead/lag, alternate after each use
Air/Water Ratio: (P 5-21)	50/50. This is usually 67/33.	Pressure tank(s) operational settings (high & low): in psi.	70/50
Is pressure system adequate to maintain system pressure?	Yes	Are pressure tank(s) controls and instruments in working order? (P 5-20)	Yes

NMED - Drinking Water Bureau
Sanitary Survey Form

Storage Facility

PWSS# :	001-23	Water Supply System Name:	La Mesa Water Cooperative	Date:	10/13/2009
WSF ID#		Water System Facility Name:	Storage Tank 2 (200,000-gals.)		

Design and Maintenance for Storage Facilities

Type of Material:	Steel	Cathodic Protection (Y/N)	No	Ave. Detention Time (days):	2
Capacity (Gals.):	200,000-gals.	Internal Condition:	Good per last survey, not inspected this time	Is Air Vent Screened (Y/N):	Yes, per last survey, did not inspect
Date Constructed:	1995	Type of Internal Paint:	Epoxy, per past operator (Joe Neas), meets NSF standards	Adequate Site Security(Y/N)	Yes
Date Rehabilitated:	Never	External Condition:	Good	Overflow Screened (Y/N)	No YES

Type of tank (floating or direct pump) (P 5-8)	Floating	Are cathodic access panels sealed? (Y/N) (P 5-11)	N/A
Do overflow lines and drain lines Terminate 12" - 18" above grade (Y/N) (P 5-10)	YES - OVERFLOW No – DRAIN	Is the access hatch properly designed and constructed? (P 5-11)	Yes, per last survey, not inspected
Are splash pads provided for overflow and drain lines (Y/N) (P 5-10)	No	Is access hatch locked (Y/N) (P 5-11)	Yes, per operator, not inspected
Can storage tank be isolated from system (Y/N) (P 5-12)	Yes	Are roof penetrations for indicator properly sealed (Y/N) (P5-11)	Unknown, did not inspect
Is tank structurally sound (Y/N)? (P 5-22)	Yes	Is the storage tank properly vented?	Yes, per last sanitary survey, not inspected
Is or can short-circuiting occur (Y/N)	Yes	Is the air vent a minimum of 6" above storage tank surface and protected from rain? (Y/N) (P5-10)	Yes, per last sanitary survey, not inspected
Is Routine inspection, maintenance, and cleaning conducted on tanks(Y/N) (P 5-13)	No YES	Does level indicator work Properly (Y/N)? (P 5-9)	Yes

General Pressure Tank

Volume (Gallons):	3 - 86-gals., 3 - 110-gals.	Type of pressure tank(s) (wafer, bladder, etc)	Bladder
Age (Years):	3 - 86-gal. tanks are 21 years old, 3 - 110-gal. tanks are 2 years old.	Is a booster pump attached (Y/N)?	Yes, 2
Cycle Rate: (on/off per hour)	6/hour	Horsepower of booster pump?	2 @ 5 HP, 75 gpm
Air/Water Ratio: (P 5-21)	50/50. This is usually 67/33.	Pressure tank(s) operational settings (high & low): in psi.	70/50
Is pressure system adequate to maintain system pressure?	Yes	Are pressure tank(s) controls and instruments in working order? (P 5-20)	Yes

NMED - Drinking Water Bureau
Sanitary Survey Form

Distribution Information

PWSS #:	001-23	Water Supply System Name:	La Mesa Water Cooperative	Date:	10/13/2009
WSF ID #		Water System Facility Name:			

Distribution Piping Information

Length of Distribution (Feet)	55,000 feet	If system is metered what is the Monthly Water Loss	<5%

Pipe Material	% of Main Distribution	% of Service Connections	% of overall leaks	Age of mains			% Of Pipe With Diameter Equal to or Less Than						
				< 10 years	10 to 25 years	Over 25 years	2"	4"	6"	8"	24"	36"	> 36"
PVC:	40%	40 60%			100%		20%	40%	10 ~~40%~~ 40%	—			
C 900:	60%	~~40%~~		100%					20 ~~100%~~	10			
Ductile Iron:													
Cast Iron:													
Galvanized Steel:													
Asbestos Concrete:													
HDPE:													
Copper:													
Other: PE		60											

General Questions

System Pressure Range (psi) (25-100 PSI)	~~40-100 psi~~ 35-90	Are system maps updated regularly or as needed?	Yes, no more expansion
Lowest elevation in system:(ft)	5210	Is the system interconnected with any other systems?	No
Highest elevation in system: (ft)	5592	Are there any known cross connections?	No
Number of pressure zones?	2	Are the backflow prevention assemblies properly tested at least annually? (P 7-13)	Have dual check valves, not necessary
Number of fire hydrants? (P 7-7)	52	Does the system have adequate valving to perform needed maintenance and repairs?	Yes
Are flush hydrants located at dead ends? (P 7-18)	Yes, 95%	Do PRV's and altitude valves work properly?	Yes, 2 PRVs in upper zone and 2 in lower
Number of Flush hydrants? (P 7-18)	25	Are lines properly disinfected after repair or new construction?	Yes
Number of dead end lines? (P 7-12)	27	Are thrust blocks or restraints used at all fittings?	Yes
Are any air relief valves subject to flooding?	No	Are pressure and leak tests performed and passed on all installations?	Yes - leak tests
Does the System have areas with five-foot or greater dip in distribution?	Yes	Can distribution breaks be readily repaired?	Yes, backhoe rental
Are all materials ANSI/NSF certified?	Yes		

NMED - Drinking Water Bureau
Sanitary Survey Form

Managerial Information

PWSS #:	NM35001-23	Water Supply System Name:	La Mesa Water Cooperative	Date:	10/13/2009

Financial Information		Misc. System Information	
Is the system owned and operated as a necessary part of another business. (If Yes skip remaining financial questions.)	No	Is management familiar with SDWA regulations and amendments?	Yes
Does the system have and maintain an annual operating budget?	Yes	Does the system maintain records according to Subpart IV of NMED drinking water regulations?	Yes
Does the system have and maintain formalized monthly billing statements?	Yes	Does the system test for contaminants according to NMED regulations? (CHEMICAL,RADILOGICAL,ETC)	Yes
Does the system have and maintain an annual financial report?	Yes	Are test results available for public review?	Yes
Does the system maintain funding for emergencies?	Yes, $8,000.00 in emerg. fund, $150,000.00 in a construction fund	Does the system properly publish public notifications when notified of violations?	Yes
What percentage of budget is reserved for emergencies?	4 - 5 %	Does the system have and maintain CCR reports?	Yes
What percentage of monthly income is directed to the revenue fund?	No revenue fund	Are customer water quality complaints recorded and evaluated?	Yes
What is the residential cost per 6000 gallons?	$40.00 System has an excellent, escalating billing structure.	Does the system maintain an updated list of critical customers?	N/A
Water System Planning		Does the system understand the water conservation fee?	Yes
Does the system know and understand what problems are present within the system?	Yes	Does the system pay the water conservation fee?	Yes
Has management prioritized repair or replacement of deficiencies?	Yes	Is there effective communication between system management, DWB and system operator?	Yes
Is a written emergency plan established and workable for water outages and other incidents?	No	**Personnel Information**	
Does the system have a written water conservation plan?	No	What is the system's current staffing level?	3
The systems master development plan is for how many years?	20	What is the system's optimum staffing level?	3
Has a source water protection plan been implemented?	No, but they had a Wellhead Protection Plan done by NMRWA	Is a registered engineer an employee of the system?	Yes, volunteer
Can the operations staff make required operation decisions?	Yes, can purchase anything that has been budgeted for.	Is operations staff appropriately trained?	Yes
Can the operations staff make required administrative decisions?	Yes	Is administrative staff appropriately trained?	Yes
Can the operations staff make required preventative maintenance decisions?	Yes	Does the board of directors have adequate knowledge of the system?	Yes
Has a Capacity Assessment been completed?	No	Do all positions have a job description?	Yes