



BILL RICHARDSON
GOVERNOR

State of New Mexico
ENVIRONMENT DEPARTMENT

Surface Water Quality Bureau
Harold Runnels Building Room N2050
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www.nmenv.state.nm.us/swqb/FOT/index.html

UTILITY OPERATOR CERTIFICATION COMPLIANCE SURVEY



RON CURRY
SECRETARY
JON GOLDSTEIN
DEPUTY SECRETARY

Print NAME OF UTILITY

PWS. # _____

Contact Person: _____

NPDES # _____

Phone # () _____

GW discharge plan # _____

Title: _____

Utility Address:

e-mail address: _____

WATER SUPPLY SYSTEM

Check the average daily population served.

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

CHECK ALL APPLICABLE WATER TREATMENT PROCESSES:

Filtration (sand, gravity) Other (describe in detail,)

Coagulation, Sedimentation, _____
Filtration

Chemical Precipitation
(Mn, Fe, Softening)

Aeration

Odor and Taste Control
(Activated carbon)

Chemical Addition
(Stabilization)

Pressure Filtration




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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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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: _____