EPA United States Environmental Protection Agency

Region 6 - Enforcement & Compliance Assurance Division

INSPECTION REPORT

Inspection Date(s):	09/14/2022	
Media Program:	Water	
Regulatory Program(s)	CWA – NPDES	
Company Name:	**Pojoaque Terrace Mobile Home Park**	
Facility Name:	**Pojoaque Terrace Wastewater Treatment Plant**	
Facility Physical Location:	27 County Road 103	
(city, state, zip code)	Santa Fe, NM 87501	
Mailing address:	27 County Road 103	
(city, state, zip code)	Santa Fe, NM 87501	
County/Parish:	Santa Fe County	
Facility Phone Number	505-455-3587	
Facility Contact:	Cheryl Lynn Conto	Owner
	Lynn.conto@gmail.com	
FRS Number:	110013312520	
Identification/Permit Number:	NM0028436	
Media Identifier Number:		
NAICS:		
SIC:	6515	

Personnel participating in inspection:

Name	*Affiliation/mailcode*	*Title*
Amy Andrews, P.E.	USEPA/6EN-WMH	Environmental Engineer
Jason Martinez	NMED/SWQB	Inspector
Tim Fontenot	Pojoaque Terrace	Property Manager
Kenneth Espinoza	Pojoaque Terrace	Operator

EPA Lead Inspector Signature/Date	AMY ANDREWS Digitally signed by AMY ANDREWS DN: c=US, o=U.S. Government, ou=Environmental Protection Agency, cn=AMY ANDREWS, 0.9.2342.19200300.100.1.1=68001003655888 Date: 2022.12.09 09:42:18 -07'00'	
	Amy Andrews	Date
Supervisor Signature/Date	ROBERTO BERNIER Digitally signed by ROBERTO BERNIER Date: 2022.12.12 07:42:54 -06'00'	
	Roberto Bernier	Date

Section I – INTRODUCTION

PURPOSE OF THE INSPECTION

Environmental Protection Agency (EPA) Region 6 inspector, Amy Andrews and New Mexico Environment Department inspector, Jason Martinez arrived at the Pojoaque Terrace Mobile Home Park Wastewater Treatment Plant (WWTP) at 10:50 am on 09/14/2022 for an unannounced inspection. We met with Tim Fontenot, the Pojoaque Terrace Mobile Home Park Property Manager, who informed us that the operator, Kenneth Espinoza would not be available to meet with us until later in the day. We spoke with Mr. Fontenot for a few minutes, and then returned at 3:50 pm that same day to meet with Mr. Espinoza. I presented my credentials to Mr. Espinoza and informed him that this was an EPA inspection to determine compliance with the facility's National Pollutant Discharge Elimination System (NPDES) permit and the Clean Water Act (CWA). The inspection was conducted under the authority of the NPDES permit program, in accordance with the Federal CWA. This report is based on information supplied by Pojoaque Terrace Mobile Home Park representatives (the permittee), observations made by the EPA inspector, and records and reports maintained by the permittee and the EPA.

FACILITY DESCRIPTION

The Pojoaque Terrace WWTP is classified as a minor municipal discharger under the CWA, Section 402, of the NPDES permit program and is authorized to discharge up to 0.02 million gallons per day (MGD) based on design flow. The permittee is authorized to discharge treated domestic wastewater from Outfall 001 to receiving waters named Arroyo Destierro, thence to Pojoaque Creek, thence to the Pojoaque River within the exterior boundaries of the Pueblo of Pojoaque, upstream from that portion of the river also designated as Segment No. 20.6.4.114 of the Upper Rio Grande Basin (NMAC, State of New Mexico Standards for Interstate and Intrastate Surface Waters). This segment includes the designated uses of irrigation, livestock watering, wildlife habitat, marginal coldwater aquatic life, primary contact and warmwater aquatic life, and public water supply on the main stem Rio Grande.

The WWTP facility serves 69 mobile homes or approximately 280 residents and was originally constructed in 1995. The WWTP consists of a modified extended aeration activated sludge process with secondary clarification, chlorination (calcium hypochlorite tablet feeder) and de-chlorination (sodium sulfite tablet feeder) .The influent from the mobile home park enters, via gravity feed, to the first underground vessel with two separate reactor basins and aeration, then travels to the second underground vessel, which also has two reactor basins and aeration, and then travels to the underground clarifier. Sludge is wasted through a 4-inch polyvinyl chloride (PVC) pipe to a holding tank. Residual sludge is transported by truck to the Pueblo of Pojoaque, Pojoaque Septage Facility. Supernatant is recycled to reactor 3 for reprocessing through a 4-inch PVC closed conduit pipe. The clarifier discharges to the chlorine contact chamber, then to a de-chlorination feeder chamber prior to exiting through a 4-inch PVC pipe at Outfall 001. The chlorine and dechlorination chambers were relocated/added in 2004. There is a locked perimeter fence around the facility.

Section II – OBSERVATIONS

A tour of the facility and the outfall was conducted. I observed or was informed of the following on the day of the inspection:

- The facility has one contracted certified operator (Kenneth Espinoza), and one operations helper (Bernardino Alvarado). Both personnel come once a day in the afternoon or evening.
- The facility has been wasting around 5000 gallons of sludge per month.
- The small vertical pipe coming out of the dechlorination chamber is for pumping out backflow water from the stream when the water in the stream is higher than the dechlorination chamber. Operator states that two backflow preventers have been installed in the effluent pipe to stop the issue.
- Operator states that there are no inflow/infiltration issues, but they do have roots that grow into the plant basins and must be removed regularly.

After the day of the inspection, DMR reports were received from the permittee showing recording periods of 12/15/2021 to 01/16/2022, 06/16/2022 to July 15, 2022, and 05/16/2022 to 06/15/2022. Due to inconsistencies in paperwork, laboratory reports were requested directly from the laboratories that samples are sent to for analysis: BOD and TSS sample results were requested from Hall Environmental Laboratories in Albuquerque, NM, and E. coli was requested from the Espanola Wastewater Treatment Plant Laboratory. Laboratory reports were requested for January 2022 through September 2022. Both laboratories stated that they did not receive samples for analysis during the month of June 2022. Observations involving the DMR reports include the following:

- The permittee is using reporting periods from the middle of a month to the middle of the next month. All calculations for DMRs must be based on the calendar month, with the results of those calendar months reported by the 28th day of the following month.

Section III – AREAS OF CONCERN

Requirement 1

NPDES Permit NM0028436, Part I: A.1. Final Effluent Limits: Biochemical Oxygen Demand, 5-day (BOD_5) and Total Suspended Solids (TSS):

POLLUTANT	30-DAY AVG (lbs/day)	7-DAY AVG (lbs/day)	30-DAY AVG (mg/L, unless specified)	7-DAY AVG (mg/L, unless specified)	FREQUENCY	TYPE
BOD_5	5.0	7.5	30	45	Once/Month	Grab
BOD_5 % Removal	≥85%	N/A			Once/Month	Calculation
TSS	5.0	7.5	30	45	Once/Month	Grab
TSS % Removal	≥85%				Once/Month	Calculation
E. coli bacteria	N/A		126 cfu/100mL	235 cfu/100mL	Once/Month	Grab

Concern 1A

Required samples were not collected and analyzed for the month of June 2022.

Altered laboratory reports from Hall Environmental Laboratory and Espanola WWTP Laboratory were provided by the permittee for the month of June 2022. The dates on the laboratory reports from the respective laboratories

were altered to represent June 2022. The altered dates were verified by the respective laboratories. Samples not collected for a given reporting period, shall be reported with an appropriate no discharge code, for example: "NODI-E" on official DMRs. The altered laboratory reports can be seen in Appendix 3, Appendix 4, and Appendix 5.

Concern 1B

Concentration values of BOD_5 and TSS reported by the laboratory do not match values reported by the permittee (see Appendix 2) for the months of March, May, and August 2022. The permittee has not reported any BOD_5 or TSS effluent excursions during this permit term, which began October 2018. Unreported concentration excursions of BOD5 and TSS and associated percent removal excursions for the calendar year 2022 include the following:

Effluent BOD_5 Concentrations:

DMR Date	30-DAY AVG (mg/L)	7-DAY AVG (mg/L)	% Removed
March 2022	>39	>39*	81%
May 2022	82	82	71%
August 2022	75	75	55%
Permit Limits:	30	45	≥85%

Effluent TSS Concentrations:

DMR Date	30-DAY AVG (mg/L)	% Removed
March 2022	--	84%
May 2022	--	56%
August 2022	32	65%
Permit Limits:	30	≥85%

Notes:

* Laboratory error resulted in greater than value, preventing proof of value below effluent limit.

Concern 1C

Permittee has been using a monthly average flow to calculate the 30-day average loading and a weekly average flow to calculate the 7-day average loading, resulting in incorrect values being reported (see Appendix 2). Loadings should be calculated prior to averaging using the MGD flow on the date the sample was collected. This means that during months where only one sample was collected the loading value reported on the DMR will be the same for 30-day average and 7-day average. The correct loading calculation (using the laboratory-reported value) results in an effluent loading excursion (6.63 lbs/day) of the 30-day average limit for BOD_5 (5.0 lbs/day) during the month of May 2022.

Concern 1D

It is not clear why values reported on DMRs for E. coli do not match laboratory sample results (see Appendix 2). Some values are higher, and some values are lower, but values shown on the laboratory reports that the permittee provided to the inspector do not match the laboratory reports provided by the Espanola WWTP Lab.

Requirement 2

NPDES Permit NM0028436, Part I: A.1. Final Effluent Limits: Flow

POLLUTANT	30-DAY AVG (lbs/day, unless specified)	DAILY MAX (lbs/day, unless specified)	7-DAY AVG (mg/L, unless specified)	FREQUENCY	TYPE
Flow	Report MGD	Report MGD	Report MGD	Daily	Instantaneous Grab*4

*4 Daily minimum instantaneous grab samples are to be taken between the times of 10:00am-2:00pm.

NPDES Permit NM0028436, Part III: Standard Conditions C.6. MONITORING AND RECORDS; FLOW MEASUREMENTS *Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of*

measuring flows with a maximum deviation of less than 10% from true discharge rates throughout the range of expected discharge volumes.

Concern 2

Operator states that there is no effluent flow meter, therefore they use the daily flow rate recorded by the potable water well for the mobile home park. This volume would therefore also include the volume used to water the landscaping and does not correlate with the time/day the flow is going through the WWTP.

Requirement 3

NPDES Permit NM0028436, Part I: A.1. Final Effluent Limits: Total Residual Chlorine (TRC)

POLLUTANT	DAILY MAX (mg/L, unless specified)*6	FREQUENCY	TYPE
TRC	Report MGD	Daily	Instantaneous Grab*3

*3 The effluent limitation for TRC is the instantaneous maximum grab sample taken during periods of chlorine use and cannot be averaged for reporting purposes. Instantaneous maximum is defined in 40 CFR Part §136 as being measured within 15 minutes of sampling.

NPDES Permit NM0028436, Part III: A.7. DUTY TO PROVIDE INFORMATION *The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit. The permittee shall also furnish to the Director, upon request, copies of records required to be kept by this permit.*

Concern 3

Total Residual Chlorine effluent limits have been exceeded every month this year. Permittee did not submit bench sheets for TSS, therefore sample validity cannot be verified. Submitted DMR values are as shown:

DMR Date	DAILY MAX (mg/L)
January 2022	1
February 2022	1
March 2022	1
April 2022	2
May 2022	2
June 2022	3
July 2022	2
August 2022	1
September 2022	1
October 2022	1
Permit Limits:	0.003

Requirement 4

NPDES Permit NM0028436, Part III: Standard Conditions C.5.a. MONITORING PROCEDURES *Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator.*

Concern 4

Holding times for E. coli cannot be verified to have been analyzed within the 8-hour requirement as stated in 40 CFR Part 136. It is not clear how, in multiple months, samples were received by the laboratory prior to being collected at the facility. The Espanola WWTP Lab is located approximately 10 to 15 minutes in drive-time away from the Pojoaque Terrace WWTP. Laboratory reports sent to the inspector by Espanola WWTP Lab show the following times/dates:

Sample Collected Date/Time	Sample Received by Lab Date/Time	Laboratory Analysis Began Date/Time	Time from Sample Collection to Analysis
09/07/22 12:45pm	9/7/22 1:30pm	9/8/22 1:45pm	25 hours
08/08/22 11:15am	*8/8/22 9:41am*	8/9/22 9:51 am	22 hours, 36 minutes
07/06/22 11:XX*am	*7/6/22 9:40am*	7/7/22 9:50	22 hours, 50 minutes
05/09/22 11:10am	*5/9/22 11:00am*	5/9/22 11:00am	- 10 minutes
04/04/22 11:15am	*4/4/22 10:30am*	4/5/22 10:30am	23 hours, 15 minutes
03/08/22 11:20am	*3/8/22 10:15am*	3/9/22 10:30am	23 hours, 10 minutes
02/09/22 11:15am	*2/9/22 9:30*	2/10/22 9:40	22 hours, 25 minutes
01/10/22 11:15am	*1/10/2022 9:24am*	1/10/2022 9:30am	- 1 hour, 45 minutes

*handwriting not legible

Shaded cells = Sample received time at lab prior to sample collection time

Requirement 5

NPDES Permit NM0028436, Part III: Standard Conditions B.3. *Proper Operation and Maintenance a. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants and will achieve compliance with the conditions of this permit.*

Concern 5

There is no back-up power source at the facility. If the power were to go out, untreated wastewater would flow through the plant and out through the discharge pipe.

Requirement 6

NPDES Permit NM0028436, Part III. C.4. Record Contents: *Records of monitoring information shall include: a. The date, exact place, and time of sampling or measurements.*

Concern 6

Sample locations are not specific enough. Rather than saying “influent” or “effluent,” the location must also specify the place that the influent or effluent was sampled from (i.e., “influent at first manhole” or “effluent at dechlor chamber”).

Requirement 7

NPDES Permit NM0030846, Part III: C.5.b. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instruments at intervals frequent enough to ensure accuracy of measurements and shall maintain appropriate records of such activities.

Concern 7

Permittee reported that using the pH meter and buffers from the Los Alamos County WWTP. During the inspection of the Los Alamos County WWTP, it was noted that the pH buffers were expired, therefore validity of all pH measurements cannot be verified.

Requirement 8

NPDES Permit NM0030846, Part III: D.5. ADDITIONAL MONITORING BY THE PERMITTEE *If the permittee monitors any pollutant more frequently than required by this permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the Discharge Monitoring Report (DMR). Such increased monitoring frequency shall also be indicated on the DMR.*

Concern 8

During the month of March 2022, the permittee collected two influent samples and two effluent samples for both BOD_5 and TSS but did not use both sets of samples to calculate DMR values (see Appendix 2).

Section IV – FOLLOW UP

The following information was received by EPA, after exiting the Facility on 09/14/2022:

- DMR reports and bench sheets from Kenneth Espinoza; received via email on 09/19/2022.
- Laboratory reports from Espanola WWTP Laboratory; received via email on 09/29/2022.
- Laboratory reports from Hall Environmental Laboratory; received via email on 11/08 and 11/15/2022.

Section V – LIST OF APPENDICES

Appendix 1 – Photograph Log – 6 photos taken 09/14/2022
Appendix 2 – Reported DMR Value Comparison to Laboratory Reports
Appendix 3 – June 2022 DMRs and Bench Sheets Submitted by Permittee
Appendix 4 – E. coli Laboratory Reports Submitted by Espanola WWTP Lab
Appendix 5 – Original Laboratory Report from Hall Environmental Laboratory that was falsified to become June 2022 Laboratory Report

Appendix 1
Photograph Log

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 1

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1534.JPG
Date of Photo: 09/14/2022
Time of Photo: 11:22 AM
Photographer: Amy Andrews
Description: View of the WWTP.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 2

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1524.JPG
Date of Photo: 09/14/2022
Time of Photo: 11:10 AM
Photographer: Amy Andrews
Description: View into one of the WWTP reactor vessels.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 3

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1531.JPG
Date of Photo: 09/14/2022
Time of Photo: 11:13 AM
Photographer: Amy Andrews
Description: View into the blower building.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 4

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1550.JPG
Date of Photo: 09/14/2022
Time of Photo: 4:06 PM
Photographer: Amy Andrews
Description: View into the underground clarifier.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 5

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1521.JPG
Date of Photo: 09/14/2022
Time of Photo: 11:08 AM
Photographer: Amy Andrews
Description: View of the chlorination and dechlorination chambers.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Photograph Log

Photo No. 6

Location: Pojoaque Terrace Mobile Home Park WWTP		
City: Pojoaque	County: Santa Fe	State: New Mexico

Photo File Name: DSCN1532.JPG
Date of Photo: 09/14/2022
Time of Photo: 11:14 AM
Photographer: Amy Andrews
Description: View of Outfall 001.

Appendix 2
Reported DMR Value Comparison to Laboratory Reports

Pojoaque Terrace Mobile Home Park WWTP - NPDES Permit NM0028436

DMR Comparison to Laboratory Reports

Effluent BOD_5 Concentrations:

DMR Date	From Lab[1]		Reported on DMRs[2]		DMR Values Calculated[3]	
	Sample Date	Grab Sample (mg/L)	30-DAY AVG (mg/L)	7-DAY AVG (mg/L)	30-DAY AVG (mg/L)	7-DAY AVG (mg/L)
January 2022	1/10/2022	4.6	4.6	4.6	4.6	4.6
February 2022	2/9/2022	11	11	11	11	11
March 2022	3/8/2022	>34.32	29	29	>39	>39
	3/8/2022	44				
April 2022	4/4/2022	9.2	9.2	9.2	9.2	9.2
May 2022	5/9/2022	82	8.2	8.2	82	82
June 2022	no sample		11	11	NODI-E	NODI-E
July 2022	7/5/2022	<2	2	2	<2	<2
August 2022	8/8/2022	75	25	25	75	75
September 2022	9/7/2022	11	11	11	11	11
October 2022	10/3/2022	<2	2	2	<2	<2
Permit Limits:		N/A	30	45	30	45

Effluent BOD_5 Loadings:

Permittee[4]	Reported on DMRs[2]		DMR Values Calculated[3]	
Flow (MGD)	30-DAY AVG (lbs/day)	7-DAY AVG (lbs/day)	30-DAY AVG (lbs/day)	7-DAY AVG (lbs/day)
0.0076	0.40	0.41	0.29	0.29
0.0104	0.39	0.48	0.95	0.95
0.0075	0.34	0.35	2.45	2.45
0.0066	0.34	0.39	0.51	0.51
0.0097	0.51	0.56	6.63	6.63
N/A	0.65	0.75	NODI-E	NODI-E
0.0116	0.53	0.62	0.19	0.19
Not provided	--	--	--	--
Not provided	--	--	--	--
Not provided	--	--	--	--
N/A	5.0	7.5	5.0	7.5

BOD_5 Percent Removal:

From Lab[1]	Reported[2]	Calculated[3]
Influent Grab Sample	% Removed	% Removed
227	98%	98%
136	92%	92%
226	86%	81%
191		
163	94%	94%
280	95%	71%
no sample	90%	NODI-E
75	97%	97%
168	85%	55%
171	94%	94%
113	98%	98%
N/A	≥85%	≥85%

Effluent TSS Concentrations:

DMR Date	From Lab[1]		Reported on DMRs[2]		DMR Values Calculated[3]	
	Sample Date	Grab Sample (mg/L)	30-DAY AVG (mg/L)	7-DAY AVG (mg/L)	30-DAY AVG (mg/L)	7-DAY AVG (mg/L)
January 2022	1/10/2022	4	4	4	4	4
February 2022	2/9/2022	<4	7.75	7.75	<4	<4
March 2022	3/8/2022	27	22	22	24.5	24.5
	3/8/2022	22				
April 2022	4/4/2022	<4	4	4	<4	<4
May 2022	5/9/2022	27	2.7	2.7	27	27
June 2022	no sample		11	11	NODI-E	NODI-E
July 2022	7/5/2022	<4	4	4	<4	<4
August 2022	8/8/2022	32	7	7	32	32
September 2022	9/7/2022	6	6	6	6	6
October 2022	10/3/2022	4	4	4	4	4
Permit Limits:		N/A	30	45	30	45

Effluent TSS Loadings:

Permittee[4]	Reported on DMRs[2]		DMR Values Calculated[3]	
Flow (MGD)	30-DAY AVG (lbs/day)	7-DAY AVG (lbs/day)	30-DAY AVG (lbs/day)	7-DAY AVG (lbs/day)
0.0076	0.80	0.82	0.25	0.25
0.0104	0.77	0.96	0.35	0.35
0.0075	0.68	0.69	1.53	1.53
0.0066	0.69	0.78	0.22	0.22
0.0097	1.02	1.11	2.18	2.18
N/A	1.31	1.49	NODI-E	NODI-E
0.0116	1.05	1.24	0.39	0.39
Not provided	1.08	1.22	--	--
Not provided	0.90	1.04	--	--
Not provided	0.84	0.90	--	--
N/A	5.0	7.5	5.0	7.5

TSS Percent Removal:

From Lab[1]	Reported[2]	Calculated[3]
Influent Grab Sample	% Removed	% Removed
340	98%	99%
120	97%	97%
170	87%	84%
140		
160	98%	98%
61	92%	56%
no sample	88%	NODI-E
40	96%	90%
91	87%	65%
130	95%	95%
150	97%	97%
N/A	≥85%	≥85%

E. coli Bacteria Concentrations:

DMR Date	From Lab[5]		Reported on DMRs[2]		DMR Values Calculated[3]	
	Sample Date	Grab Sample (CFU/100mL)	30-DAY GeoMean (CFU/100mL)	Daily Max (cfu/100mL)	30-DAY GeoMean (CFU/100mL)	Daily Max (cfu/100mL)
January 2022	1/10/2022	3	9	9	3	3
February 2022	2/9/2022	1	1	1	1	1
March 2022	3/8/2022	9	7	7	9	9
April 2022	4/4/2022	9	10	10	9	9
May 2022	5/9/2022	10	25	25	10	10
June 2022	no sample		35	35	NODI-E	NODI-E
July 2022	7/6/2022	31.1	10	10	31.1	31.1
August 2022	8/8/2022	16	16	16	16	16
September 2022	9/7/2022	11	11	11	11	11
Permit Limits:		N/A	126	235	126	235

Notes:
1 - Values listed on laboratory reports requested by inspector directly from Hall Environmental Laboratory.
2 - Values reported by permittee on DMRs and obtained by inspector via ICIS database.
3 - DMR values calculated by inspector from laboratory reports requested directly from contract laboratory.
4 - Values provided to inspector by permittee via email.
5 - Values listed on laboratory reports requested by inspector directly from Espanola WWTP Laboratory

RED	Values were incorrectly reported on DMRs
yellow	Shaded values are excursions that were not reported on DMRs.

Appendix 3
June 2022 DMRs and Bench Sheets Submitted by Permittee

DMR Copy of Record

Permit

Permit #:	NM0028436	**Permittee:**	POJOAQUE TERRACES MOBILE HOME	**Facility:**	POJOAQUE TERRACE MOBILE HOME
Major:	No	**Permittee Address:**	RT 11 BOX 210 - X/SP113 T.19N,R9E,S6&NE TO POJOAQUE CK SANTA FE, NM 87501	**Facility Location:**	27 COUNTY ROAD 103 T.19N,R9E,S6&NE TO POJOAQUE CK SANTA FE, NM 87501
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** TREATED MUNICIPAL WASTEWATER TO THE ARROYO DESTIERRO		

Report Dates & Status

Monitoring Period:	**From 05/16/22 to 06/15/22**	**DMR Due Date:**	**08/12/22**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

FOR ANY REPORTING PERIOD, SAMPLES SHALL BE TAKEN AT LEAST 10 DAYS FROM THE FIRST SAMPLE OF THE PREVIOUS REPORTING PERIOD.

Principal Executive Officer

First Name:	Lynn	**Title:**	CEO	**Telephone:**	530-417-6001
Last Name:	Conto				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	**BOD, 5-day, 20 deg. C**	1 - Effluent Gross	0	--	Sample	=	0.65	=	0.75	26 - lb/d			=	11.0	=	11.0	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.	<=	5.0 30DA AVG	<=	7.5 7 DA AVG	26 - lb/d			<=	30.0 30DA AVG	<=	45.0 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.01			=	7.01	12 - SU		01/30 - Monthly	GR - GRAB
					Permit Req.						>=	6.6 MINIMUM			<=	8.8 MAXIMUM	12 - SU	0	01/30 - Monthly	GR - GRAB
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample	=	1.31	=	1.49	26 - lb/d			=	11.0	=	11.0	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.	<=	5.0 30DA AVG	<=	7.5 7 DA AVG	26 - lb/d			<=	30.0 30DA AVG	<=	45.0 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample						=	0.01567	=	0.017914	=	0.0276	03 - MGD		01/01 - Daily	IN - INSTAN
					Permit Req.							Req Mon 30DA AVG		Req Mon 7 DA AVG		Req Mon DAILY MX	03 - MGD	0	01/01 - Daily	IN - INSTAN
					Value NODI															
50060	**Chlorine, total residual**	A - Disinfection, Process Complete	0	--	Sample										=	3.0	28 - ug/L		01/01 - Daily	GR - GRAB
					Permit Req.										<=	3.0 INST MAX	28 - ug/L	0	01/01 - Daily	GR - GRAB
					Value NODI															
50076	**BOD, percent removal [total]**	1 - Effluent Gross	0	--	Sample						=	90.0					23 - %		01/30 - Monthly	CA - CALCTD
					Permit Req.						>=	85.0 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
					Value NODI															
51040	**E. coli**	1 - Effluent Gross	0	--	Sample								=	35.0	=	35.0	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
					Permit Req.								<=	126.0 30DAVGEO	<=	235.0 DAILY MX	3Z - CFU/100mL	0	01/30 - Monthly	GR - GRAB
					Value NODI															
81011	**Solids, suspended percent removal**	1 - Effluent Gross	0	--	Sample						=	88.0					23 - %		01/30 - Monthly	CA - CALCTD
					Permit Req.						>=	85.0 MO AV MN					23 - %	0	01/30 - Monthly	CA - CALCTD
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
Epaletter-08-2022.docx	docx	13882.0

Report Last Saved By

POJOAQUE TERRACES MOBILE HOME

User: rraiderr2001@yahoo.com

Name:	kenneth espinoza
E-Mail:	rraiderr2001@yahoo.com
Date/Time:	2022-08-09 08:26 (Time Zone: -05:00)
Report Last Signed By	
User:	rraiderr2001@yahoo.com
Name:	kenneth espinoza
E-Mail:	rraiderr2001@yahoo.com
Date/Time:	2022-08-09 08:35 (Time Zone: -05:00)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: POJOAQUE TERRACE MOBILE HOME
ADDRESS: 27 CAMINO CERRADO RD. - OFFICE/HOUSE 1
SANTA FE, NM 87506
FACILITY: POJOAQUE TERRACE MOBILE HOME
LOCATION: 27 COUNTY ROAD 103
SANTA FE, NM 87501
ATTN: RICHARD CONTO, CEO

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

NM0028436	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87506
MINOR

MONITORING PERIOD
FROM MM/DD/YYYY 05/16/2022 TO MM/DD/YYYY 06/15/2022

TREATED MUNICIPAL WASTEWATER TO THE External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.65	0.75	lb/d	******	11	11	mg/L	0	1/31	6 RAB
	PERMIT REQUIREMENT	5 30DA AVG	7.5 7 DA AVG	lb/d		30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	7.21	******	7.01	SU	0	1/31	CRAB
	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9.0 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.31	1.49	lb/d	******	11	11	mg/L	0	1/31	6 RAB
	PERMIT REQUIREMENT	5 30DA AVG	7.5 7 DA AVG	lb/d		30 30DA AVG	45 7 DA AVG	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0.015670	0.017941	0.027600	MGD	0	31/31	INSTAN
	PERMIT REQUIREMENT				Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		Daily	INSTAN
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L	0	31/31	GRAB
	PERMIT REQUIREMENT						3 INST MAX	ug/L		Daily	GRAB
BOD, percent removal (total) 50076 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	90 %	******	******	%	0	1/31	CALCTD
	PERMIT REQUIREMENT				85 MO AV MN			%		Monthly	CALCTD
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	35	35	CFU/100ml	0	1/31	GRAB
	PERMIT REQUIREMENT					126 30DAVGEO	235 DAILY MX	CFU/100ml		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FOR ANY REPORTING PERIOD, SAMPLES SHALL BE TAKEN AT LEAST 10 DAYS FROM THE FIRST SAMPLE OF THE PREVIOUS REPORTING PERIOD.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: POJOAQUE TERRACE MOBILE HOME
ADDRESS: 27 CAMINO CERRADO RD. - OFFICE/HOUSE 1
SANTA FE, NM 87506

FACILITY: POJOAQUE TERRACE MOBILE HOME
LOCATION: 27 COUNTY ROAD 103
SANTA FE, NM 87501

ATTN: RICHARD CONTO, CEO

NM0028436	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 05/16/2022 TO 06/15/2022

DMR Mailing ZIP CODE: 87506
MINOR

TREATED MUNICIPAL WASTEWATER TO THE External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	84	******	******	%	0	1/30	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT				85 MO AVG MN			%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FOR ANY REPORTING PERIOD, SAMPLES SHALL BE TAKEN AT LEAST 10 DAYS FROM THE FIRST SAMPLE OF THE PREVIOUS REPORTING PERIOD.

HALL ENVIRONMENTAL ANALYSIS LABORATORY

Hall Environmental Analysis Laboratory 4901 Hawkins NE Albuquerque, NM 87109 TEL: 505-345-3975 FAX: 505-345-4107 Website: clients.hallenvironmental.com

June 22, 2022

Kenneth Espinoza
Pojoaque Terraces MHP
PO Box 4257
Fairview, NM 87533
TEL: (505) 929-4719
FAX

RE: Pojoaque Terraces

OrderNo.: 2104539

Dear Kenneth Espinoza:

Hall Environmental Analysis Laboratory received 3 sample(s) on 06/13/2022 for the analyses presented in the following report.

These were analyzed according to EPA procedures or equivalent. To access our accredited tests please go to www.hallenvironmental.com or the state specific web sites. In order to properly interpret your results, it is imperative that you review this report in its entirety. See the sample checklist and/or the Chain of Custody for information regarding the sample receipt temperature and preservation. Data qualifiers or a narrative will be provided if the sample analysis or analytical quality control parameters require a flag. When necessary, data qualifiers are provided on both the sample analysis report and the QC summary report, both sections should be reviewed. All samples are reported, as received, unless otherwise indicated. Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH and residual chlorine are qualified as being analyzed outside of the recommended holding time.

Please don't hesitate to contact HEAL for any additional information or clarifications.

ADHS Cert #AZ0682 -- NMED-DWB Cert #NM9425 -- NMED-Micro Cert #NM0901

Sincerely,

Andy Freeman
Laboratory Manager
4901 Hawkins NE
Albuquerque, NM 87109

Hall Environmental Analysis Laboratory, Inc.

Analytical Report
Lab Order **2104539**
Date Reported: **6/13/2022**

CLIENT: Pojoaque Terraces MHP
Project: Pojoaque Terraces
Lab ID: 2104539-001 **Matrix:** AQUEOUS

Client Sample ID: Inf 001-002
Collection Date: 6/13/2022 9:00:00 AM
Received Date: 6/13/2022 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM5210B: BOD						Analyst: **AG**
Biochemical Oxygen Demand	145	2.0		mg/L	1	6/14/2022 11:58:00 AM
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	240	20	D	mg/L	1	614/2022 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Pojoaque Terraces MHP
Project: Pojoaque Terraces
Lab ID: 2104539-002 **Matrix:** AQUEOUS

Client Sample ID: MLSS 003
Collection Date: 6/13/2022 9:00:00 AM
Received Date: 6/13/2022 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	3600	400	D	mg/L	1	6/14/2022 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Pojoaque Terraces MHP
Project: Pojoaque Terraces
Lab ID: 2104539-003 **Matrix:** AQUEOUS

Client Sample ID: Eff 004-005
Collection Date: 4/13/2021 9:00:00 AM
Received Date: 4/13/2021 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM5210B: BOD						Analyst: **AG**
Biochemical Oxygen Demand	11	2.0		mg/L	1	6/19/2022 11:58:00 AM
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	11	4.0		mg/L	1	6/14/2022 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

QC SUMMARY REPORT
Hall Environmental Analysis Laboratory, Inc.

WO#: **2104539**

22/Jun/22

Client: Pojoaque Terraces MHP
Project: Pojoaque Terraces

Sample ID: **MB-59392**	SampType: **MBLK**	TestCode: **SM5210B: BOD**						
Client ID: **PBW**	Batch ID: **59392**	RunNo: **76786**						
Prep Date: **4/14/2021**	Analysis Date: **4/19/2021**	SeqNo: **2721432**	Units: **mg/L**					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Biochemical Oxygen Demand	ND	2.0								

Sample ID: **LCS-59392**	SampType: **LCS**	TestCode: **SM5210B: BOD**						
Client ID: **LCSW**	Batch ID: **59392**	RunNo: **76786**						
Prep Date: **4/14/2021**	Analysis Date: **4/19/2021**	SeqNo: **2721433**	Units: **mg/L**					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Biochemical Oxygen Demand	146	2.0	198.0	0	73.7	84.6	115.4			S

NOTES:
R- RPD between dilutions >30%

Qualifiers:

- * Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quanitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Limit

QC SUMMARY REPORT
Hall Environmental Analysis Laboratory, Inc.

WO#: **2104539**

22-Jun-22

Client: Pojoaque Terraces MHP
Project: Pojoaque Terraces

Sample ID: **MB-59379**	SampType: **MBLK**	TestCode: **SM 2540D: TSS**						
Client ID: **PBW**	Batch ID: **59379**	RunNo: **76661**						
Prep Date: **4/13/2021**	Analysis Date: **4/14/2021**	SeqNo: **2716386**	Units: **mg/L**					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Suspended Solids	ND	4.0								

Sample ID: **LCS-59379**	SampType: **LCS**	TestCode: **SM 2540D: TSS**						
Client ID: **LCSW**	Batch ID: **59379**	RunNo: **76661**						
Prep Date: **4/13/2021**	Analysis Date: **4/14/2021**	SeqNo: **2716387**	Units: **mg/L**					
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Suspended Solids	110	4.0	92.10	0	119	83.71	119.44			

Qualifiers:

- * Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- PQL Practical Quanitative Limit
- S % Recovery outside of range due to dilution or matrix
- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Limit

1111

I HALL ENVIRONMENTAL ANALYSIS LABORATORY I

Environmental Analysis Laboratoo
4901 Hawkins XL Albuquerque.
A ,1187109 TEL: 505-345-3975 E4X:
505-345-4107
clients.hallenriminnentaLcnnt

Sample Log-In Check List

Client Name: **Pojoaque Terraces MHP** Work Order Number: **2104539** RcptNo: 1

Received By: Sean Livingston **6/13/2022 10:02:00 AM** Sean Livingston

Completed By: Sean Livingston 6/13/2022 10:15:49 **AM** Sean Livingston

Reviewed By: 574 I-1 • *1* 2 k C

Chain of Custody

1. Is Chain of Custody complete? Yes V.:1 No Ei Not Present 0

2. How was the sample delivered? Client

Log In

3. Was an attempt made to cool the samples?	Yes k	No ❑	NA n
4. Were all samples received at a temperature of >0° C to 6.0°C	Yes n	No ❑	**NA 0**
5. Sample(s) in proper container(s)?	Yes❑	**No 0**	
6. Sufficient sample volume for indicated test(s)?	Yes El	**No ri**	
7. Are samples (except VOA and ONG) properly preserved?	Yes [11	**No 0**	
8. Was preservative added to bottles?	Yes Cl	No El	**NA 0**
9. Received at least 1 vial with headspace <1/4" for AQ VOA?	Yes ❑	No 0	NA k
10. Were any sample containers received broken?	Yes ❑	No El	
11. Does paperwork match bottle labels? (Note discrepancies on chain of custody)	Yes El	No D	f preserved bottl • hecked for pH: (<2 or >12 unless noted) Adjusted?
12. Are matrices correctly identified on Chain of Custody?	Yes	**No 0**	
13. Is it clear what analyses were requested?	Yes	**No 0**	
14. Were all holding times able to be met? (If no, notify customer for authorization.)	Yes	No 111	Checked by:

JO 6/13/22

Special Handling (if applicable)

15. Was client notified of all discrepancies with this order?	Yes El	**No 0**	NA El

Date:

Via: 0 eMail El Phone ❑ Fax Ei In Person

Person Notified:

By Whom:

Regarding:

Client Instructions: 16. Additional remarks:

17. Cooler Information

Cooler No	Temp °C	Condition	Seal Intact	Seal No	Seal Date	Signed By
1	3.4	Good				

Chain-of-Custody Record

Client: Pojoaque Tribes

Mailing Address: P.O. Box 4067
Fairview NM 87533

Phone #: 505 455 4779

email or Fax#: [illegible]

QA/QC Package:
☐ Standard ☐ Level 4 (Full Validation)

Accreditation: ☐ Az Compliance
☐ NELAC ☐ Other
☐ EDD (Type)

Turn-Around Time:
☐ Standard ☐ Rush

Project Name:

Project #:

Project Manager:

Sampler:

On Ice: ☐ Yes ☐ No

# of Coolers:

Cooler Temp(including CF): (°C)

HALL ENVIRONMENTAL ANALYSIS LABORATORY
www.hallenvironmental.com
4901 Hawkins NE - Albuquerque, NM 87109
Tel. 505-345-3975 Fax 505-345-4107

Analysis Request

Date	Time	Matrix	Sample Name	Container Type and #	Preservative Type	HEAL No.	BTEX / MTBE / TMB's (8021)	TPH:8015D(GRO / DRO / MRO)	8081 Pesticides/8082 PCB's	EDB (Method 504.1)	PAHs by 8310 or 8270SIMS	RCRA 8 Metals	Cl, F, Br, NO_3, NO_2, PO_4, SO_4	8260 (VOA)	8270 (Semi-VOA)	Total Coliform (Present/Absent)						
[illegible]	[illegible]	Aq	Inf out	1L																		
[illegible]	[illegible]	Aq	Inf-02	[illegible]																		
[illegible]	[illegible]	Aq	~~Inf-02~~ Alk-03	[illegible]																		
[illegible]	[illegible]	Aq	Eff out	1L																		
[illegible]	[illegible]	Aq	Eff out	[illegible]																		

Remarks: Please Change [illegible]

Date:	Time:	Relinquished by:	Received by:	Via:	Date	Time
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	Time:	Relinquished by:	Received by:	Via:	Date	Time

If necessary, samples submitted to Hall Environmental may be subcontracted to other accredited laboratories. This serves as notice of this possibility. Any sub-contracted data will be clearly notated on the analytical report.

Pojoaque Terrace Wastewater Daily Flow Sheet Month ~~May~~ April 2022

Date	Time	Operator	Fill Time of 1 Gallon	Comments
27 CT S 1.	11:35	BA	10 gpm	0.82 0.03
M 2.	10:25	BA	10 gpm	0.74 0.003
T 3.	11:40	BA	10 gpm	0.83 0.03
W 4.	12:00	BA	10 gpm	0.85 0.004
TH 5.	11:25	BA	10 gpm	0.76 0.003
F 6.	12:00	BA	10 gpm	0.83 0.003
S 7.	11:15	BA	10 gpm	0.78 0.001
S 8.	12:00	BA	10 gpm	0.85 0.001
25 CT M 9.	11:38	BA	10 gpm	0.76 0.001
T 10.	10:40	BA	10 gpm	0.83 0.001
W 11.	10:30	BA	10 gpm	0.72 0.001
TH 12.	5:30	LC	10 gpm	0.77 0.003
16 DT F 13.	10:00	LC	10 gpm	0.79 0.004
S 14.	11:30	BA	10 gpm	0.78 0.03
S 15.	12:00	BA	10 gpm	0.74 0.03
M 16.	10:25	BA	10 gpm	0.72 0.03
T 17.	11:38	BA	10 gpm	0.76 0.03
W 18.	9:35	BA	10 gpm	0.72 0.03
TH 19.	12:26	BA	10 gpm	11.15 0.03
F 20.	12:00	BA	10 gpm	0.81 0.03
S 21.	11:44	BA	10 gpm	0.78 0.03
S 22.	10:40	BA	10 gpm	0.76 0.003
M 23.	9:15	BA	10 gpm	0.72 0.03
T 24.	10:35	BA	10 gpm	0.71 0.03
W 25.	11:40	BA	10 gpm	0.76 0.01
TH 26.	12:00	BA	10 gpm	0.86 0.03
F 27.	4:00	LC	10 gpm	0.80 0.01
S 28.	11:48	BA	10 gpm	0.82 0.003
S 29.	10:35	BA	10 gpm	0.74 0.001
M 30.	10:40	BA	10 gpm	0.79 0.001
T 31.	12:00	BA	10 gpm	0.81 0.004

file: New wwflow sheet 2009

Waste 5000 gal for Apr. 1 5/13/22

Waste 5000 gal 5/27/22

Pojoaque Terrace Mobile Home Park Water Well Readings

Month May Year 2012

Date	Time	Operator	Meter Readings	Gallons/Day	Comments
1. S	5:50	BA	946636	10,900	50 psi Loaded Salt 16 Bag
2. M	5:28	BA	948736	10,000	60 psi
3. T	5:17	BA	948857	12,100	60 psi
4. W	5:05	BA	948968	11,100	50 psi
5. Th	4:02	BA	949081	11,300	50 psi
6. F	12:14	BA	949159	7,800	50 psi
7. S	6:58	BA	949334	17,500	50 psi
8. S	6:08	BA	949438	10,400	50 psi
9. M	4:54	BA	949535	9,700	50 psi
10. T	5:36	BA	949688	15,300	60 psi
11. W	5:15	BA	949837	14,900	50 psi Loaded Salt 11 Bag
12. Th	5:30	BA	950013	17,600	45 psi
13. F	8:09	BA	950168	15,500	50 psi
14. S	4:40	BA	950297	12,900	50 psi
15. S	1:54	BA	950410	11,300	50 psi
16. M	6:34	BA	950572	16,200	60 psi
17. T	4:54	BA	950683	11,100	50 psi
18. W	4:50	BA	950808	12,500	50 psi
19. Th	5:53	BA	950996	18,800	60 psi
20. F	12:36	BA	951165	16,900	60 psi
21. S	11:53	BA	951325	16,000	50 psi
22. S	8:10	BA	951508	18,300	55 psi
23. M	5:09	BA	951631	12,300	50 psi
24. T	4:15	BA	951779	14,800	60 psi
25. W	5:16	BA	951875	9,600	50 psi
26. Th	5:28	BA	951988	18,400	50 psi
27. F	4:40	BA	952178	10,000	50 psi
28. S	8:50	BA	952179	20,100	50 psi
29. S	4:45	BA	952375	19,600	50 psi
30. M	4:30	BA	952488	11,300	50 psi
31. T	5:45	BA	952624	13,300	45

Daily monthly average	

File: Well Readings Form

Atta-Boy Septic Inspections & Service

Invoice

Atta-Boy Septic Inspections & Service
PO Box 32994
Santa Fe NM 87594
US

505-216-5052
attaboyseptic@gmail.com
Business Number : 505-216-5052

BILL TO
Pojoaque Terrance Mobile Home Park

Invoice #	ABS286
Date	Jun 20, 2022
Due date	Jun 20, 2022

Item	Quantity	Price	Amount
Pump 2500	2	$325.00	$650.00

Payment Instruction

If paying by check make out to Atta-Boy Septic Inspections & Service. Please send payment to: PO Box 32994 Santa Fe, NM 87594
Or simply use one of the links conveniently located in emailed invoice.
PAYMENT ARRANGEMENTS: Payment in full is due at the time of service. If amount due is not paid in full, any discounts made on the invoice will become void and full original amount will be due immediately. Any further delay in payment will result in legal actions. RETURNED CHECKS: A $30 returned check fee is added to the invoice for each returned check.

Subtotal	$650.00
7.125 (7.125%)	$46.31
Total	$696.31

VISA MasterCard AMERICAN EXPRESS

PAY ONLINE NOW

Amount Due
$696.31

Disclaimer: Atta-boy Septic Inspections & Service will not be held responsible for any damage to concrete, grass areas, landscaping, sprinklers, driveways sidewalks or any underground lines including gas, water and electrical that are not the knowledge of Atta-boy Septic Inspections & Service or otherwise stated in writing. In order to inspect and/or pump your septic tank the lids must be removed. Atta-boy Septic

Inspections & Service takes every precaution to preserve the existing lid however they sometimes break and cannot be used. It is the property owner's responsibility to incure the replacement cost of new lids on their septic tank.

Pueblo Of Pojoaque

Pojoaque Septage Facility Discharge Manifest

Manifest No.: 61433

Date: 6/20/22

Time:

Truck Permit No.: 17-04 1

Gallons Discharged: 2500

Hauler Information

Company: ATTN BOY

Driver Name: (Please Print) Joe Downs

Tank Capacity: 2 500

Driver Signature:

Source Information 1st

Source is: (check one) ☐ Domestic ☐ Commercial

Name: Pojoaque Terrace

Address: Cuyo Road 101

City: Pojoaque County: Santa Fe Zip Code: 87506

Type: ☐ Septic Tank ☐ Chemical Toilet ☐ Cess Pool

☐ Other: (Explain)

Signature required: Severe criminal and civil penalties for any fraud or intentional misrepresentation regarding source or contaminates of disposed waste.

Signature:

Sample Information

Sample No.: Received by: ☐ Drop-off Box

Discharged to Lagoon No.: pH: 7 Temp.: °C

Comments:

Source Information 2nd

Source is: (check one) ☐ Domestic ☐ Commercial

Name:

Address:

City: County: Zip Code:

Type: ☐ Septic Tank ☐ Chemical Toilet ☐ Cess Pool

☐ Other: (Explain)

Signature required: Severe criminal and civil penalties for any fraud or intentional misrepresentation regarding source or contaminates of disposed waste.

Signature:

Sample Information

Sample No.: Received by: ☐ Drop-off Box

Discharged to Lagoon No.: pH: Temp.: °C

Comments:

Pueblo Of Pojoaque

Pojoaque Septage Facility
Discharge Manifest

Manifest No.:	61434
Date:	6/20/22
Time:	
Truck Permit No.:	17-04-01
Gallons Discharged:	2500

Hauler Information

ATA (Joy)

Company: ~~Pojoaque Terraces~~ MAP

Driver Name: (Please Print) Joe Davis | Tank Capacity: 2500

Driver Signature:

Source Information 1st

Source is: (check one) ☐ Domestic ☑ Commercial

Name: Pojoaque Terraces

Address: County Road 101

City: Pojoaque | County: Santa Fe | Zip Code: 87506

Type: ☐ Septic Tank ☐ Chemical Toilet ☐ Cess Pool

☐ Other: (Explain)

Signature required: Severe criminal and civil penalties for any fraud or intentional misrepresentation regarding source or contaminates of disposed waste.

Signature:

Sample Information

Sample No.: | Received by: ☐ Drop-off Box

Discharged to Lagoon No.: | pH: 7 | Temp.: °C

Comments:

Source Information 2nd

Source is: (check one) ☐ Domestic ☐ Commercial

Name:

Address:

City: | County: | Zip Code:

Type: ☐ Septic Tank ☐ Chemical Toilet ☐ Cess Pool

☐ Other: (Explain)

Signature required: Severe criminal and civil penalties for any fraud or intentional misrepresentation regarding source or contaminates of disposed waste.

Signature:

Sample Information

Sample No.: | Received by: ☐ Drop-off Box

Discharged to Lagoon No.: | pH: | Temp.: °C

Comments:

POJOAQUE TERRACE MHP
PH MONTHLY SHEET/ QUARTER DMR REPORT

DATE	COLLECTION TIME	SAMPLE LOCATION	TIME START	TIME END	PH	ANALYST
6/13/22	9:10a	Effluent Outfall	9:17a	9:15a	7.01	KE

DATE OF METER CALIBRATION	PH BUFFER OF 4	PH BUFFER OF 7	PH BUFFER OF 10	ANALYST	
6/13/22	Lot A1008 Exp 11/25	Lot A1008 Exp Y23	Lot A1001 Exp 2/22	KE	Before
6/13/22	4.01	7.02	10.01	KE	After
					Before
					After
					Before
					After

PH, Standard Methods for the Evaluation of Water and Wastewater, 20th Edition
Section 4-87
OES = Outfall effluent grab sample

File: PH form

Pojoaque Terrace Wastewater Daily Flow Sheet Month June 2022

Date	Time	Operator	Fill Time of 1 Gallon	Comments	
1 T	11=30	BA	10 gpm	0-73	0-01
2. W	12=00	BA	10 gpm	0-82	0-01
3. Thu	11=15	BA	10 gpm	0-74	0-01
4. F	12=00	BA	10 gpm	0-79	0-01
5. S	10=40	BA	10 gpm	0-076	0-01
6. S	9=30	BA	10 gpm	0-73	0-01
7. M	11=15	BA	10 gpm	0-78	0-01
8. T	12=00	BA	10 gpm	0-82	0-01
9. W	11=38	BA	10 gpm	0-78	0-01
10. Thu	10=30	BA	10 gpm	0-72	0-01
11. F	11=25	BA	10 gpm	0-76	0-01
12. S	10=40	BA	10 gpm	0-75	0-01
13. S	9=25	BA	10 gpm	0-70	0-01
14. M	11=38	BA	10 gpm	0-76	0-01
15. T	12=00	BA	10 gpm	0-82	0-01
16. W	9=45	BA	10 gpm	0-76	0-01
17. Thu	11=25	BA	10 gpm	0-82	0-01
18. F	10=38	BA	10 gpm	0-78	0-01
19. S	11=35	BA	10 gpm	0-81	0-01
20. S	12=00	BA	10 gpm	0-82	0-01
21. M	930	RG	10 gpm	.90	.001
22. T	10=40	BA	10 gpm	0-084	0-001
23. W	11=10	BA	10 gpm	0-77	0-001
24. Thu	9=20	BA	10 gpm	0-73	0-001
25. F	12	BA	10 gpm	0-83	0-01
26. S	11=45	BA	10 gpm	0-72	0-001
27. S	10=00	BA	10 gpm	0-72	0-001
28. M	11=12	BA	10 gpm	0-74	0-001
29. T	12=00	BA	10 gpm	0-78	0-001
30. W	10=22	BA	10 gpm	0-72	0-001
31. Th					

2 CT
12 PT

file: New wwflow sheet 2009

Waste 5000 gal / 4/55

6/21/22

Pojoaque Terrace Mobile Home Park Water Well Readings

Month June Year 2022

Date	Time	Operator	Meter Readings	Gallons/Day	Comments
1. W	9:26 pm	BA	952809	18,800	60psi
2. Th	6:00 pm	BA	952969	16,000	50psi
3. F	7:37 pm	BA	953135	16,600	60psi - Lower SMT 13 Bags
4. S	7:45 pm	BA	953253	11,800	50psi
5. S	6:00 pm	BA	953357	10,400	50psi
6. M	5:04 pm	BA	953474	11,700	50psi
7. T	5:25 pm	BA	953659	18,500	50psi
8. W	6:21	BA	953855	19,600	50
9. Th	5:10	BA	954011	15,600	60
10. F	9:55	BA	954231	50psi	50psi
11. S	4:45	BA	954507	50psi	50psi
12. S	10:47	BA	954403	10,400	50psi
13. M	7:58	BA	954674	27,100	60psi
14. T	5:45	BA	954722	4,800	60psi
15. W	4:42	BA	954927	20,500	50psi
16. Th	5:56	BA	955126	19,900	50psi
17. F	4:55	BA	955233	10,700	60psi
18. S	1:15	BA	955333	10,000	50psi
19. S	3:46	BA	955444	11,100	50psi
20. M	5:37	BA	955549	10,500	45psi
21. T	4:54	BA	955678	12,900	60psi
22. W	5:31	BA	955784	10,600	50psi
23. Th	6:39	BA	955902	12,400	50psi
24. F	5:55	BA	956020	11,800	50psi
25. S	3:17	BA	956107	8,700	50psi
26. S	2:12	BA	956196	8,900	45psi
27. M	5:40	BA	956316	12,000	50psi
28. T	5:51	BA	956420	10,400	60psi
29. W	6:10	BA	956531	11,100	60psi
30. Th	5:20	BA	956633	10,200	50psi
31. F					

Daily monthly average	

File: Well Readings Form

CITY OF ESPAÑOLA
ENVIRONMENTAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
6-13-22	6-13-22
Sample No.	
Time Received	Time Analysis Began
11:40	11:50

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected (Mo Day Year): 0 6 1 3 2 2
Time Collected: 11:30 ☐ AM ☐ PM
Collected By: KE
Collection Location: Effluent Out Fall

TYPE OF SYSTEM

Check One:
☑ Community ☐ Non-Community ☐ Private Well

☑ Sample Iced? ☑ Yes ☐ No Temp. 4-10°C

☐ Other - Specify _____
(999)

Disinfected ? ☑ Yes ☐ No Residual: .001 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli quant. tray
Methiod: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☑ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O Box 4257
CITY Fairview STATE NM
PHONE 505 929 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Drinking Water:

Type of Test: ~~Colilert~~ & col.

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B = 30
S = 5
Total = 35

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over 125 cfu/100 mL
Thanks

Analyst [signature]
Date reported 6-14-22

Appendix 4
E. coli Laboratory Reports Submitted by Espanola WWTP Lab

CITY OF ESPAÑOLA
ENVIRONMENTIAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
9/7/22	9/8/22
Sample No.	**Time Received**	**Time Analysis Began**
	1:30 pm	1:45 pm

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected		Collected By
09	07	22	12:45	☐ AM ☐ PM	Kenneth Espinoza

Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C

☐ Other - Specify _____
(999)

Disinfected ? ☐ Yes ☐ No Residual: .002 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli (quantitray)
Methiod: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O. Box 4257
CITY Fairview STATE N.M.
PHONE 505 929 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Drinking Water:

Type of Test: Colilert E.coli

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B = 9
S = 1 Total = 10.9 (11)

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over 125 coliform
Thanks

Analyst [signature]
Date reported 9/8/22

CITY OF ESPAÑOLA
ENVIRONMENTAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
8/8/22	8/9/22
Sample No.	
Time Received	**Time Analysis Began**
9:41 AM	9:51 AM

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected		Collected By
08	08	22	11:15	☐ AM ☐ PM	K— Z

Collection Location:

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C

☐ Other - Specify
(999)

Disinfected ? ☐ Yes ☐ No Residual: 1.2 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli quantitray
Methiod: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample
☐ Special Sample
☐ Repeat Sample
☐ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P. O. Box 4257
CITY Fairview STATE N. M.
PHONE 505 929 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Drinking Water: ~~Drinking Water~~ waste

Type of Test: Colilert Ecol.

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B= 12
S= 2
TOTAL = 15 8 (10)/100

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over
125 cfu/100 ml
Thanks

Analyst
Date reported 8/10/22

CITY OF ESPAÑOLA
ENVIRONMENTIAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
7-6-22	7-7-22
Time Received	**Time Analysis Began**
9:40 am	9:50

Sample No.

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected	Collected By
07	06	22	11:00 ☐ AM ☐ PM	K — 2

Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☒ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C

☐ Other - Specify (999)

Disinfected ? ☒ Yes ☐ No Residual: 0.02 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli Methiod: Colilert quanti-tray ☐ Fecal Coliform By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample

Send Report to the following:

NAME: Kenneth Espinoza
ADDRESS: P.O. Box 4257
CITY: Fairview STATE: N.M.
PHONE: 505 929 4719 ZIP CODE: 87533

LABORATORY TEST RESULTS

Waste
~~Drinking Water~~:

Type of Test: Colilert Ecoli

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source
B=19
3=0
Total = 31.1

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over 125 cfu/100 ml
thanks

Analyst: [signature]
Date reported: 7/7/22

CITY OF ESPAÑOLA
ENVIRONMENTAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
5/9/22	5/9/22
Sample No.	**Time Received**	**Time Analysis Began**
	11:00 AM	11:00 AM

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected		Collected By
05	09	22	11:10	☐ AM ☐ PM	K — 2

Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C

☐ Other - Specify _____
(999)

Disinfected ? ☐ Yes ☐ No Residual: 0.001 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli
Methiod: Colilert quanti-tray
☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O. Box 4257
CITY Fairview STATE N.M.
PHONE 505 929 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Drinking Water: (waste)

Type of Test: Colilert Fecal

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

FC=0
EC=0
Total= 4.8 (10)

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over
125 CFU/100ml
Thank You

Analyst _____
Date reported 5/10/22

CITY OF ESPAÑOLA
ENVIRONMENTIAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
4/4/22	4/5/22
Sample No.	**Time Received**	**Time Analysis Began**
	10:30 AM	10:30 AM

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected	Collected By
04	01	22	11:15 ☐ AM ☐ PM	KE

Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C

☐ Other - Specify
(999)

Disinfected ? ☐ Yes ☐ No Residual: 0.002 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli (E) Quanti-tray
Methiod: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O. Box 4257
CITY Fairview STATE N.M.
PHONE 505 927 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Waste
Drinking Water:

Type of Test: Colilert Ec.1

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B=8
S=0
Total = 8.0 (9)

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over 125 col/100ml

Analyst [signature]
Date reported 4/5/22

CITY OF ESPAÑOLA
ENVIRONMENTIAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
3/8/22	3/9/22
Sample No.	
Time Received	Time Analysis Began
10:15 AM	10:30 AM

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected: Mo 03 Day 08 Year 22
Time Collected: 11:20 ☐ AM ☐ PM
Collected By: Kenneth Esquivel
Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well
☐ Sample Iced? ☐ Yes ☐ No Temp. 4-10°C
☐ Other - Specify _____
(999)
Disinfected ? ☐ Yes ☐ No Residual: 0.67 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli Methiod: Colilert
☐ Fecal Coliform By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample

Send Report to the following:

NAME Kenneth Esquivel
ADDRESS P.O. Box 4257
CITY Española STATE N.M.
PHONE 505 927 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Waste
Drinking Water:

Type of Test: Colilert Fecl.

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B=7
S=1
Total=8.5 = 9/100

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over
172 (c) per ml
Thanks

Analyst _____
Date reported 3/9/22

CITY OF ESPAÑOLA
ENVIRONMENTAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
2/9/22	2/10/22
Sample No.	**Time Received**	**Time Analysis Began**
	9:30	9:40

SAMPLE INDINTIFICATION

Water Supply System Name: Posoague Terraces
I.D. Code No.:
County: Santa fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected	Collected By
02	09	22	11:15 ☐ AM ☐ PM	

Collection Location: effluent Outfall

TYPE OF SYSTEM

Check One:
☑ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☑ Yes ☐ No Temp. 4-10°C

☐ Other - Specify _____
(999)

Disinfected ? ☑ Yes ☐ No Residual: .002 mg/L

TESTING REQUIRED

☐ Total Coliform & E. Coli (quanti-tray)
Method: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☑ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O. Box 4257
CITY Fairview STATE N.M.
PHONE 505 920-4719 ZIP CODE 87533

LABORATORY TEST RESULTS

Waste
Drinking Water:

Type of Test: Colilert E.coli.

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

B=1
S=0
TOTAL = 1.0 (1)

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over 125 cfu/100ml

Analyst [signature]
Date reported 2-10-2022

CITY OF ESPAÑOLA
ENVIRONMENTIAL SECTION
P.O. DRAWER 37
ESPAÑOLA, NEW MEXICO 87532
(505) 753-4740

NMED LAB # 9408

MICROBIOLOGICAL WATER REPORT

Date Received	Date Analysis Began
11/10/2022	11/10/2022
Sample No.	Time Received: 9:24 am
	Time Analysis Began: 9:30 am

SAMPLE INDINTIFICATION

Water Supply System Name: Pojoaque Terraces
I.D. Code No.:
County: Santa Fe
WSS Code No.:

COLLECTION INFORMATION

Date Collected: Mo 11 Day 02 Year 22
Time Collected: 11:15 ☐ AM ☐ PM
Collected By: Kenneth Espinoza
Collection Location: Effluent Outfall

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Sample Iced? ☑ Yes ☐ No Temp. 4-10°C

☐ Other - Specify _____
(999)

Disinfected ? ☐ Yes ☐ No Residual: 0.02 mg/L

TESTING REQUIRED

☑ Total Coliform & E. Coli Quanti-Tray
Methiod: Colilert

☐ Fecal Coliform
By Membrane Filteration

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☑ Monitoring Sample

Send Report to the following:

NAME Kenneth Espinoza
ADDRESS P.O. Box 4257
CITY Fairview STATE N.M.
PHONE 505 929 4719 ZIP CODE 87533

LABORATORY TEST RESULTS

~~Drinking~~ Waste Water:

Type of Test: Colilert Enzl.

Total Coliforms per 100 ml:
Present ☐ Absent ☐

E. coli per 100 ml:
Present ☐ Absent ☐

Other Water Source

T=2
S=1
TNTC = 3.0 (3)

Fecal Coliforms: _____ Per 100 ml MF

REJECTED SAMPLE

If ons of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10 C)
☐ Form incomplete. See circled item.
☐ Date or time discrepancy.
☐ Leaking sample.
☐ Quantity to great to permit agitation
☐ Turbid Culture
☐ Other

Please call if over
175 cfu/100 ml

Analyst _____
Date reported 11/11/2022

Appendix 5
Original Laboratory Report from Hall Environmental Laboratory that was falsified to become June 2022 Laboratory Report

HALL ENVIRONMENTAL ANALYSIS LABORATORY

Hall Environmental Analysis Laboratory
4901 Hawkins NE
Albuquerque, NM 87109
TEL: 505-345-3975 FAX: 505-345-4107
Website: clients.hallenvironmental.com

April 22, 2021

Kenneth Espinoza

Pojoaque Terraces MHP
PO Box 4257
Fairview, NM 87533
TEL: (505) 929-4719
FAX

RE: Pojoaque Terraces OrderNo.: 2104539

Dear Kenneth Espinoza:

Hall Environmental Analysis Laboratory received 3 sample(s) on 4/13/2021 for the analyses presented in the following report.

These were analyzed according to EPA procedures or equivalent. To access our accredited tests please go to www.hallenvironmental.com or the state specific web sites. In order to properly interpret your results, it is imperative that you review this report in its entirety. See the sample checklist and/or the Chain of Custody for information regarding the sample receipt temperature and preservation. Data qualifiers or a narrative will be provided if the sample analysis or analytical quality control parameters require a flag. When necessary, data qualifiers are provided on both the sample analysis report and the QC summary report, both sections should be reviewed. All samples are reported, as received, unless otherwise indicated. Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH and residual chlorine are qualified as being analyzed outside of the recommended holding time.

Please don't hesitate to contact HEAL for any additional information or clarifications.

ADHS Cert #AZ0682 -- NMED-DWB Cert #NM9425 -- NMED-Micro Cert #NM0901

Sincerely,

Andy Freeman
Laboratory Manager
4901 Hawkins NE
Albuquerque, NM 87109

Analytical Report
Lab Order **2104539**
Date Reported: **4/22/2021**

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Pojoaque Terraces MHP
Client Sample ID: Inf 001-002
Project: Pojoaque Terraces
Collection Date: 4/13/2021 9:00:00 AM
Lab ID: 2104539-001 **Matrix:** AQUEOUS **Received Date:** 4/13/2021 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM5210B: BOD						Analyst: **AG**
Biochemical Oxygen Demand	145	2.0		mg/L	1	4/19/2021 11:58:00 AM
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	240	20	D	mg/L	1	4/14/2021 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Pojoaque Terraces MHP
Client Sample ID: MLSS 003
Project: Pojoaque Terraces
Collection Date: 4/13/2021 9:00:00 AM
Lab ID: 2104539-002 **Matrix:** AQUEOUS **Received Date:** 4/13/2021 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	3600	400	D	mg/L	1	4/14/2021 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

Hall Environmental Analysis Laboratory, Inc.

CLIENT: Pojoaque Terraces MHP
Client Sample ID: Eff 004-005
Project: Pojoaque Terraces
Collection Date: 4/13/2021 9:00:00 AM
Lab ID: 2104539-003 **Matrix:** AQUEOUS **Received Date:** 4/13/2021 10:02:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
SM5210B: BOD						Analyst: **AG**
Biochemical Oxygen Demand	11	2.0		mg/L	1	4/19/2021 11:58:00 AM
SM 2540D: TSS						Analyst: **KS**
Suspended Solids	11	4.0		mg/L	1	4/14/2021 11:58:00 AM

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: **2104539**

22-Apr-21

Client: Pojoaque Terraces MHP

Project: Pojoaque Terraces

Sample ID: **MB-59392**	SampType: **MBLK**	TestCode: **SM5210B: BOD**
Client ID: **PBW**	Batch ID: **59392**	RunNo: **76786**
Prep Date: **4/14/2021**	Analysis Date: **4/19/2021**	SeqNo: **2721432** Units: **mg/L**

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Biochemical Oxygen Demand	ND	2.0								

Sample ID: **LCS-59392**	SampType: **LCS**	TestCode: **SM5210B: BOD**
Client ID: **LCSW**	Batch ID: **59392**	RunNo: **76786**
Prep Date: **4/14/2021**	Analysis Date: **4/19/2021**	SeqNo: **2721433** Units: **mg/L**

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Biochemical Oxygen Demand	146	2.0	198.0	0	73.7	84.6	115.4			S

NOTES:

R- RPD between dilutions >30%

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: **2104539**

22-Apr-21

Client: Pojoaque Terraces MHP

Project: Pojoaque Terraces

Sample ID: **MB-59379**	SampType: **MBLK**	TestCode: **SM 2540D: TSS**
Client ID: **PBW**	Batch ID: **59379**	RunNo: **76661**
Prep Date: **4/13/2021**	Analysis Date: **4/14/2021**	SeqNo: **2716386** Units: **mg/L**

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Suspended Solids	ND	4.0								

Sample ID: **LCS-59379**	SampType: **LCS**	TestCode: **SM 2540D: TSS**
Client ID: **LCSW**	Batch ID: **59379**	RunNo: **76661**
Prep Date: **4/13/2021**	Analysis Date: **4/14/2021**	SeqNo: **2716387** Units: **mg/L**

Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Suspended Solids	110	4.0	92.10	0	119	83.71	119.44			

Qualifiers:

*	Value exceeds Maximum Contaminant Level.
D	Sample Diluted Due to Matrix
H	Holding times for preparation or analysis exceeded
ND	Not Detected at the Reporting Limit
PQL	Practical Quanitative Limit
S	% Recovery outside of range due to dilution or matrix
B	Analyte detected in the associated Method Blank
E	Value above quantitation range
J	Analyte detected below quantitation limits
P	Sample pH Not In Range
RL	Reporting Limit

HALL ENVIRONMENTAL ANALYSIS LABORATORY

Hall Environmental Analysis Laboratory
4901 Hawkins NE
Albuquerque, NM 87109
TEL: 505-345-3975 FAX: 505-345-4107
Website: clients.hallenvironmental.com

Sample Log-In Check List

Client Name: **Pojoaque Terraces MHP** Work Order Number: **2104539** RcptNo: 1

Received By: **Sean Livingston** **4/13/2021 10:02:00 AM** S Livingston

Completed By: **Sean Livingston** **4/13/2021 10:15:49 AM** S Livingston

Reviewed By: SPA 4.13.21 @ 11:52

Chain of Custody

1. Is Chain of Custody complete? Yes ☑ No ☐ Not Present ☐
2. How was the sample delivered? Client

Log In

3. Was an attempt made to cool the samples? Yes ☑ No ☐ NA ☐
4. Were all samples received at a temperature of >0° C to 6.0°C Yes ☑ No ☐ NA ☐
5. Sample(s) in proper container(s)? Yes ☑ No ☐
6. Sufficient sample volume for indicated test(s)? Yes ☑ No ☐
7. Are samples (except VOA and ONG) properly preserved? Yes ☑ No ☐
8. Was preservative added to bottles? Yes ☐ No ☑ NA ☐
9. Received at least 1 vial with headspace <1/4" for AQ VOA? Yes ☐ No ☐ NA ☑
10. Were any sample containers received broken? Yes ☐ No ☑

    # of preserved bottles checked for pH: 4/13/21
    (<2 or >12 unless noted)
    Adjusted?
    Checked by:

11. Does paperwork match bottle labels? (Note discrepancies on chain of custody) Yes ☑ No ☐
12. Are matrices correctly identified on Chain of Custody? Yes ☑ No ☐
13. Is it clear what analyses were requested? Yes ☑ No ☐
14. Were all holding times able to be met? (If no, notify customer for authorization.) Yes ☑ No ☐

Special Handling (if applicable)

15. Was client notified of all discrepancies with this order? Yes ☐ No ☐ NA ☑

    Person Notified: Date:
    By Whom: Via: ☐ eMail ☐ Phone ☐ Fax ☐ In Person
    Regarding:
    Client Instructions:

16. Additional remarks:

17. **Cooler Information**

Cooler No	Temp °C	Condition	Seal Intact	Seal No	Seal Date	Signed By
1	3.4	Good				

Chain-of-Custody Record

Client: Pojaque Terraces MHP

Mailing Address: P.O. Box 4257
Fairview N.M. 87533

Phone #: 505-929-4719

email or Fax#:

QA/QC Package:
☑ Standard ☐ Level 4 (Full Validation)

Accreditation: ☐ Az Compliance
☐ NELAC ☐ Other

☐ EDD (Type)

Turn-Around Time:
☑ Standard ☐ Rush

Project Name: Pojaque Terraces

Project #: 4-2021

Project Manager: Kenneth Espinoza

Sampler:

On Ice: ☑ Yes ☐ No

# of Coolers: 1

Cooler Temp(including CF): 3.5-0.1=3.4 (°C)

HALL ENVIRONMENTAL ANALYSIS LABORATORY
www.hallenvironmental.com
4901 Hawkins NE - Albuquerque, NM 87109
Tel. 505-345-3975 Fax 505-345-4107

Analysis Request

Date	Time	Matrix	Sample Name	Container Type and #	Preservative Type	HEAL No. 2104539	BTEX / MTBE / TMB's (8021)	TPH:8015D(GRO / DRO / MRO)	8081 Pesticides/8082 PCB's	EDB (Method 504.1)	PAHs by 8310 or 8270SIMS	RCRA 8 Metals	Cl, F, Br, NO_3, NO_2, PO_4, SO_4	8260 (VOA)	8270 (Semi-VOA)	Total Coliform (Present/Absent)	BOD	TSS	MISS			
4/13/21	9:00am	Aqueous	Inf - 001	1000 ml		001											X	X				
4/13/21	9:00am	Aqueous	Inf - 002	500 mL													X	X				
4/13/21	9:00am	Aqueous	MISS - 003	500mL		002													X			
4/13/21	9:00am	Aqueous	EFF - 004	1000 mL		003											X	X				
4/13/21	9:00am	Aqueous	EFF - 005	500mL													X	X				

Date:	Time:	Relinquished by:	Received by:	Via:	Date	Time
4/13/21	9:55am			COO	4/13/21	10:02
Date:	Time:	Relinquished by:	Received by:	Via:	Date	Time

Remarks: Please charge to credit card on file. Email results to raiderr2012@yahoo.com

If necessary, samples submitted to Hall Environmental may be subcontracted to other accredited laboratories. This serves as notice of this possibility. Any sub-contracted data will be clearly notated on the analytical report.