New Mexico Environment Department - Drinking Water Bureau

Public Notification Certification Form – All Tiers

Requirements Pursuant to 40 CFR 141 (Subpart Q)

PWSID#: NM3514127 **Water System Name:** Hillsboro MDWCA

Violation or Situation Date: May 2021

Individual Contaminant or Contaminant Group: RTCR

Violation or Situation Type: Non-Sampling Violation

Violation or Situation Public Notification Tier: Tier 3

Distributed the notice by the following method(s), and on the following date(s) in accordance with 40 CFR 141.201:

☑ Continuously Post	Date: August 13, 2021
Separate Mailing to Customers	Date:
Hand Deliver Notice to Customers	Date:
Publish Notice in Newspaper	Date:
Release Notice to and Announced by Broadcast Media	Date:
☑ Post Notice on System Website https://www.blackrange.org/hdmwca.html	Date: August 13, 2021
Billing	Date:
☑ Annual Report (Consumer Confidence Report)	Date: August 6, 2021
☑ Other: Posting on Post Office Bulletin Board (Everyone in Association must pick up mail at Post Office - no home delivery	Date: August 13, 2021

The public water system named above hereby certifies that public notification has been provided to its consumers in accordance with all delivery, content, and format requirements specified in 40 CFR Part 141:

Gary Gritzbaugh — 8-11-21

Signature of Responsible Official — Date

Gary Gritzbaugh — President, HMDWCA

Printed Name — Title of Responsible Official

PUBLIC NOTICE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for **Hillsboro MDWCA** Water

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

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During May 2021, we did not complete all monitoring requirements for Total Coliform and therefore cannot be sure of the quality of our drinking water during that time.

What should you do?

There is nothing you need to do at this time.

What does this mean?

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

What happened? What is being done?

We failed to take the required monthly sample to test for total coliform in May 2021. Since that time (and previously), we have taken the required monthly samples. As has been our history, the samples showed we are meeting drinking water standards, we have had no total coliform violations.

Date that system collected next valid routine sample: June 15, 2021

For more information, please contact Gary Gritzbaugh at 575-895-5349 or PO Box 521, Hillsboro, NM 88042.

Diagnostic & Technology Center, Inc.
2420-B N. White Sands Blvd, Alamogordo, NM 88310 575-434-4944

NMED LAB #NM0301

Test Method: SM 9223B Lab Sample ID# 150621-11

PRINT USING BLACK OR BLUE INK ONLY

Water System Contact Person and Phone number: Gary Gritzbaugh 575-895-5349			
Address: P.O. Box 521			
Water Supply System Name: Hillsboro Mutual Domestic Water Consumers Assc.			
WSS Code No. (5 digits) NM35 14129	Chlorine (Yes)/No	Free: .9 mg/l	Total: ____ mg/l
Date Collected: 6/17/2024	Time Collected (24 hr): 11:55		

Please circle the "Type" of sample from one of the Six selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 002	Location: 19 Carro Lane
2. Repeat	Sample Point ID: RP ____	Location:
	Original Lab Sample ID# ____	
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1
5. Special	Location:	
6. E-Coli Enumeration (LT2)	Facility ID# ____	Facility Name:
	Turbidity (ntu's) ____	

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			
Collected By (print): TREVOR Roberts	Sampler/Operator ID# NM 03918	Phone Number: 575-740-7516	
Relinquished by (signature): Trevor Robert		Date: 6/15/2021	Time: (24 hr.) ~~1645~~ 15:33
Received by name: Gretchen Gee	Signature:	Date: 06-15-2021	Time: (24 hr.) 1530
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION Preservative: Ice (Yes)/ No	Temp (°C): 9.0 Comments:	Custody Seal: Yes No	Intact: Yes No
		Rejected reason	

Test Analyst		**Test Results**	
Incubation Date: 06/15/21	Time (24 hr) 1605	Volume Assayed: 100 mL	
Analyst Initials: AW		TC (P/A) A	EC (P/A) A
Results Date: 06-16-21	Time (24 hr) 1015	EC Enumeration: (per 100 ml)	MPN
Analyst Initials: AW			
Confirmed by:			
NotificationBy:	Contacted:	Date/Time:	
Deliver Results Via: Mail:	Fax:	Email:	

WDJ-14-01