

GW - 172

INSPECTIONS & DATA



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON

Governor

Joanna Prukop

Cabinet Secretary

April 28, 2005

Mark E. Fesmire, P.E.

Director

Oil Conservation Division

Mr. Sammy Stoneman
Jim's Water Service
P.O. Box 1387
Artesia, New Mexico 88211

**RE: INSPECTION
ARTESIA SERVICE FACILITY - GW-172
EDDY COUNTY, NEW MEXICO**

Dear Mr. Stoneman:

Attached is a report developed from the inspection of Jim's Water Service Artesia Service Facility conducted April 26, 2005 by New Mexico Oil Conservation Division (OCD) personnel, Mr. Jack Ford, Mr. Edwin Martin and Mr. Mike Bratcher together yourself. The enclosed report covers items that were noted during the inspection.

The OCD would like to thank you for your courtesies during the inspection period. If you have any questions contact me at (505) 476-3489 or at the above address.

Sincerely,

W. Jack Ford, C.P.G.
Environmental Bureau

Attachment

cc: OCD Artesia District Office

Environmental Field Inspections

April 2005


Date Insp	Insp No	Facility	Facility Type	Insp Type	Insp Purpose	Inspector	Documentation
4/26/2005	eWJF0511838712	Artesia Service Facility	Service Company	Field Inspection	Normal Routine Activity	Jack Ford	<input type="checkbox"/> Samples <input type="checkbox"/> Photos / Etc. <input type="checkbox"/> Docs Reviewed
Operator: JIMS WATER SERVICE							
Violation Detail (If applicable)		Drum Arrangement/Condition does not meet specs.					
Other (Describe below)							
Violation Description							
Comments / Action Required		Oil and lubricant drums require labels and containment. Soils in bermed area need to be addressed for removal. Berm needs to be addressed to prevent storm water runoff and soil pile higher than berm. Empty drums need to be collected and stored properly. Facility storm water plan needs to be reviewed and facility bermed to provide collection of runoff for visual inspection of potential contaminants, including chlorides, prior to release into drainage system.					
Addition Concerns as Checked:		<div> <input type="checkbox"/> Unauth. Release <input checked="" type="checkbox"/> Drums <input type="checkbox"/> Process Area <input checked="" type="checkbox"/> Pad / Berm / Liner <input type="checkbox"/> BG Tanks/Sumps <input type="checkbox"/> WD Practice <input type="checkbox"/> UG Lines <input checked="" type="checkbox"/> Labeling <input type="checkbox"/> Housekeeping <input type="checkbox"/> Remediations <input checked="" type="checkbox"/> Storm Water </div>					

ACKNOWLEDGEMENT OF RECEIPT
OF CHECK/CASH

I hereby acknowledge receipt of check No. 6805 dated 1/3/04,
or cash received on _____ in the amount of \$ 100.00
from Stoneman Mobile Living
for Artesia Facility GW-172
Submitted by: [Signature] Date: 2-21-05
Submitted to ASD by: _____ Date: _____
Received in ASD by: _____ Date: _____
Filing Fee _____ New Facility _____ Renewal _____
Modification _____ Other _____
Organization Code 521.07 Applicable FY 2001

To be deposited in the Water Quality Management Fund.

Full Payment _____ or Annual Increment _____

STONEMAN MOBILE LIVING 3207 WILLIAMS RD. PH. 746-3751 ARTESIA, NM 88210		95-198/1122 0054328810 DATE <u>1-3-04</u>	6805
PAY TO THE ORDER OF <u>NMED-Water Quality Management</u>		\$ <u>100.00</u>	
<u>One Hundred & 00/100</u>		DOLLARS	
 Western Bank ARTESIA, NEW MEXICO 88210			
MEMO <u>Full Discharge Renewal Stoneman</u>			
⑈ 1220198816805 0054328810 ⑈			



3-18-94

JIMS WATER SERVICE
RIVERSIDE

WASH OUT PIT

17 73100110011189 014



3-18-94 JIMS WATER SERVICE
RIVERSIDE
WASH OUT PIT



3-18-94 Jims WATER SEIR
WASH OUT PIT

SCIENTIFIC LABORATORY DIVISION

700 Camino de Salud NE
Albuquerque, NM 87106 841-2570

87-1452-C

NEW MEXICO

REPORT TO: David Boyer
N.M. Oil Conservation Division
P. O. Box 2088
Santa Fe, N.M. 87504-2088

S.L.D. No. OR- 1452 A+B
DATE REC. 9-2-87

PHONE(S): 327-5812 USER CODE: 8 2 2 3 5
SUBMITTER: David Boyer CODE: 2 6 0

SAMPLE COLLECTION CODE: (YYMMDDHHMMIII) 8 7 1 0 8 2 8 1 4 0 5 1

SAMPLE TYPE: WATER ☒, SOIL ☐, FOOD ☐, OTHER: CODE: 1 1 1

COUNTY: Eddy; CITY: Artesia CODE: 1 1 1

LOCATION CODE: (Township-Range-Section-Tracts) 1 1 7 1 5 + 2 1 5 1 E + 1 7 + 4 1 (10N06E24342)

ANALYSES REQUESTED: Please check the appropriate box(es) below to indicate the type of analytical screens required. Whenever possible list specific compounds suspected or required.

PURGEABLE SCREENS

- ☐ (753) Aliphatic Purgeables (1-3 Carbons)
☒ (754) Aromatic & Halogenated Purgeables
☐ (765) Mass Spectrometer Purgeables
☐ (766) Trihalomethanes

Other Specific Compounds or Classes

☐
☐
☐
☐
☐

EXTRACTABLE SCREENS

- ☐ (751) Aliphatic Hydrocarbons
☐ (760) Organochlorine Pesticides
☐ (755) Base/Neutral Extractables
☐ (758) Herbicides, Chlorophenoxy acid
☐ (759) Herbicides, Triazines
☐ (760) Organochlorine Pesticides
☐ (761) Organophosphate Pesticides
☐ (767) Polychlorinated Biphenyls (PCB's)
☐ (764) Polynuclear Aromatic Hydrocarbons
☐ (762) SDWA Pesticides & Herbicides

Remarks:

FIELD DATA:

pH=; Conductivity= umho/cm at °C; Chlorine Residual= mg/l

Dissolved Oxygen= mg/l; Alkalinity= mg/l; Flow Rate /

Depth to water ft.; Depth of well ft.; Perforation Interval - ft.; Casing:

Sampling Location, Methods and Remarks (i.e. odors, etc.)

Spina Water Service - only put in truck yard

I certify that the results in this block accurately reflect the results of my field analyses, observations and activities.(signature collector): Spina Bailey Method of Shipment to the Lab: Hand carried

This form accompanies 2 Septum Vials, Glass Jugs, and/or

Samples were preserved as follows:

- ☐ NP: No Preservation; Sample stored at room temperature.
☒ P-Ice Sample stored in an ice bath (Not Frozen).
☐ P-Na₂S₂O₃ Sample Preserved with Sodium Thiosulfate to remove chlorine residual.

CHAIN OF CUSTODY

I certify that this sample was transferred from to

at (location) on / - : and that

the statements in this block are correct. Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures

For OCD Use: Date Owner Notified Phone or Letter? Initials

LAB. No.: OR- 1452

THIS PAGE FOR LABORATORY RESULTS ONLY

This sample was tested using the analytical screening method(s) checked below:

PURGEABLE SCREENS

- ☐ (753) Aliphatic Purgeables (1-3 Carbons)
☒ (754) Aromatic & Halogenated Purgeables
☐ (765) Mass Spectrometer Purgeables
☐ (766) Trihalomethanes

Other Specific Compounds or Classes

□ □ □ □ □

EXTRACTABLE SCREENS

- | | | |
|--------------------------|-------|-----------------------------------|
| <input type="checkbox"/> | (751) | Aliphatic Hydrocarbons |
| <input type="checkbox"/> | (760) | Organochlorine Pesticides |
| <input type="checkbox"/> | (755) | Base/Neutral Extractables |
| <input type="checkbox"/> | (758) | Herbicides, Chlorophenoxy acid |
| <input type="checkbox"/> | (759) | Herbicides, Triazines |
| <input type="checkbox"/> | (760) | Organochlorine Pesticides |
| <input type="checkbox"/> | (761) | Organophosphate Pesticides |
| <input type="checkbox"/> | (767) | Polychlorinated Biphenyls (PCB's) |
| <input type="checkbox"/> | (764) | Polynuclear Aromatic Hydrocarbons |
| <input type="checkbox"/> | (762) | SDWA Pesticides & Herbicides |

ANALYTICAL RESULTS

COMPOUND(S) DETECTED	CONC. [PPB]	COMPOUND(S) DETECTED	CONC. [PPB]
aromatic purgables		halogenated purgables ⁺	N.D.
benzene	39		
toluene	59		
ethylbenzene	T.R.		
p-xylene	T.R.		
m-xylene	T.R.		
o-xylene	T.R.		
* DETECTION LIMIT *	25 ¹⁸ / ₁₆	+ DETECTION LIMIT +	2.5 ¹⁸ / ₁₆

ABBREVIATIONS USED:

N D = NONE DETECTED AT OR ABOVE THE STATED DETECTION LIMIT

T R = DETECTED AT A LEVEL BELOW THE STATED DETECTION LIMIT (NOT CONFIRMED)

[RESULTS IN BRACKETS] ARE UNCONFIRMED AND/OR WITH APPROXIMATE QUANTITATION

LABORATORY REMARKS:

CERTIFICATE OF ANALYTICAL PERSONNEL

Seal(s) Intact: Yes ☐ No ☒ Seal(s) broken by: not sealed date: _____

I certify that I followed standard laboratory procedures on handling and analysis of this sample unless otherwise noted and that the statements on this page accurately reflect the analytical results for this sample.

Date(s) of analysis: 9/16/87 . Analyst's signature: Nancy L. Edson

I certify that I have reviewed and concur with the analytical results for this sample and with the statements in this block.

Reviewers signature: K. Meyerheim



New Mexico Health and Environment Department
SCIENTIFIC LABORATORY DIVISION
700 Camino de Salud NE
Albuquerque, NM 87106 — (505) 841-2555

GENERAL WATER CHEMISTRY
and NITROGEN ANALYSIS

DATE RECEIVED 9/21/87 LAB NO. WC-3987 USER CODE ☐ 59300 ☐ 59600 ☒ OTHER: 82235
Collection DATE 8/28/87 SITE INFORMATION Sample location JIM'S WATER SERVICE
Collection TIME 1355 Collection site description WASH DRAIN TANK
Collected by — Person/Agency BAILEY IOCD

SEND
FINAL
REPORT
TO

ENVIRONMENTAL BUREAU
NM OIL CONSERVATION DIVISION
State Land Office Bldg, PO Box 2088
Santa Fe, NM 87504-2088

DEC - 7 1987
OIL CONSERVATION
SANTA FE

Attn: David Boyer

Phone: 827-5812

SAMPLING CONDITIONS

<input type="checkbox"/> Bailed <input checked="" type="checkbox"/> Dipped	<input type="checkbox"/> Pump <input type="checkbox"/> Tap	Water level	Discharge	Sample type
pH (00400)	Conductivity (Uncorrected) <u>3180</u> μ mho	Water Temp. (00010) <u>24.9</u> °C	Conductivity at 25°C (00094) <u> </u> μ mho	
Field comments <u>250 bbl Below grade tank receives truck wash water</u>				

SAMPLE FIELD TREATMENT — Check proper boxes

No. of samples submitted 1 ☒ NF: Whole sample (Non-filtered) ☐ F: Filtered in field with 0.45 μ m membrane filter ☐ A: 2 ml H₂SO₄/L added
☒ NA: No acid added ☐ Other-specify: ☐ A: 5ml conc. HNO₃ added ☐ A: 4ml fuming HNO₃ added

ANALYTICAL RESULTS from SAMPLES

NA	Units	Date analyzed
<input checked="" type="checkbox"/> Conductivity (Corrected) 25°C (00095)	<u>3257</u> μ mho	<u>10/13</u>
<input type="checkbox"/> Total non-filterable residue (suspended) (00530)	<u> </u> mg/l	<u> </u>
<input checked="" type="checkbox"/> Other: pH	<u>8.57</u>	<u>10/19</u>
<input type="checkbox"/> Other:	<u> </u>	<u> </u>
<input type="checkbox"/> Other:	<u> </u>	<u> </u>
A-H₂SO₄		
<input type="checkbox"/> Nitrate-N +, Nitrate-N total (00630)	<u> </u> mg/l	<u> </u>
<input type="checkbox"/> Ammonia-N total (00610)	<u> </u> mg/l	<u> </u>
<input type="checkbox"/> Total Kjeldahl-N ()	<u> </u> mg/l	<u> </u>
<input type="checkbox"/> Chemical oxygen demand (00340)	<u> </u> mg/l	<u> </u>
<input type="checkbox"/> Total organic carbon ()	<u> </u> mg/l	<u> </u>
<input type="checkbox"/> Other:	<u> </u>	<u> </u>
<input type="checkbox"/> Other:	<u> </u>	<u> </u>
Laboratory remarks <u>(CO₂) = 2 mg/l</u>		

From <u>NF</u> , NA Sample:	Date Analyzed
<input checked="" type="checkbox"/> Calcium <u>280</u> mg/l	<u>10/7</u>
<input checked="" type="checkbox"/> Potassium <u>858</u> mg/l	<u>9/3</u>
<input checked="" type="checkbox"/> Magnesium <u>100</u> mg/l	<u>10/7</u>
<input checked="" type="checkbox"/> Sodium <u>336</u> mg/l	<u>7/3</u>
<input checked="" type="checkbox"/> Bicarbonate <u>201</u> mg/l	<u>10/19</u>
<input checked="" type="checkbox"/> Chloride <u>534</u> mg/l	<u>10/2</u>
<input checked="" type="checkbox"/> Sulfate <u>826</u> mg/l	<u>11</u>
<input checked="" type="checkbox"/> Total Solids <u>2490</u> mg/l	<u>10/5</u>
<input checked="" type="checkbox"/> <u>Res</u> <u>0.65</u>	<u>11/6</u>
<input type="checkbox"/> <u> </u>	<u> </u>
<input checked="" type="checkbox"/> Cation/Anion Balance	
Analyst	Date Reported <u>11/20/87</u>
Reviewed by <u>[Signature]</u>	

FOR OCD USE -- Date Owner Notified Phone or Letter? Initials

CATIONS			
ANALYTE	MEQ.	PPM	DET. LIMIT
Ca	13.97	280.00	<3.0
Mg	8.21	100.00	<0.3
Na	14.62	336.00	<10.0
K	0.22	8.58	<0.3
Mn	0.00	0.00	
Fe	0.00	0.00	
SUMS	37.02	724.58	
Total Dissolved Solids=			2490
Ion Balance =			104.09%

ANIONS			
ANALYTE	MEQ.	PPM	DET. LIMIT
HC03	3.29	201.00	<1.0
SO4	17.21	826.00	<10.0
CL	15.06	534.00	<5.0
NO3	0.00	0.00	< 0.
C03	0.00	0.00	< 1.
NH3	0.00	0.00	< 0.
PO4	0.00	0.00	< 0.
	35.57	1561.00	

WC No. = 8703987
Date out/By CG 11/24/57

SCIENTIFIC LABORATORY DIVISION

700 Camino de Salud NE
Albuquerque, NM 87106 841-2570

87-1453-C

ENVIRONMENTAL

REPORT TO: David Boyer
N.M. Oil Conservation Division
P. O. Box 2088
Santa Fe, N.M. 87504-2088

S.L.D. No. OR-

1453 A4B

DATE REC.

9-2-87

PHONE(S): 327-5812

PRIORITY

USER CODE: 8 2 2 3 5

SUBMITTER: David Boyer

CODE: 2 6 0 1

SAMPLE COLLECTION CODE: (YYMMDDHHMMIII) 8 7 0 8 2 8 1 1 3 5 5 4 B

SAMPLE TYPE: WATER ☒, SOIL ☐, FOOD ☐, OTHER: CODE: 1 1 1COUNTY: Eldorado; CITY: Artesia CODE: 1 1 1

LOCATION CODE: (Township-Range-Section-Tracts) 1 1 7 1 5 + 2 5 1 E + 1 1 7 + 4 1 1 (10N06E24342)

ANALYSES REQUESTED: Please check the appropriate box(es) below to indicate the type of analytical screens required. Whenever possible list specific compounds suspected or required.**PURGEABLE SCREENS**

- ☐ (753) Aliphatic Purgeables (1-3 Carbons)
☒ (754) Aromatic & Halogenated Purgeables
☐ (765) Mass Spectrometer Purgeables
☐ (766) Trihalomethanes
Other Specific Compounds or Classes

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

EXTRACTABLE SCREENS

- ☐ (751) Aliphatic Hydrocarbons
☐ (760) Organochlorine Pesticides
☐ (755) Base/Neutral Extractables
☐ (758) Herbicides, Chlorophenoxy acid
☐ (759) Herbicides, Triazines
☐ (760) Organochlorine Pesticides
☐ (761) Organophosphate Pesticides
☐ (767) Polychlorinated Biphenyls (PCB's)
☐ (764) Polynuclear Aromatic Hydrocarbons
☐ (762) SDWA Pesticides & Herbicides

Remarks:

FIELD DATA:pH= _____; Conductivity= 3180 umho/cm at 24.9°C; Chlorine Residual= _____ mg/l

Dissolved Oxygen= _____ mg/l; Alkalinity= _____ mg/l; Flow Rate _____ / _____

Depth to water _____ ft.; Depth of well _____ ft.; Perforation Interval _____ ft.; Casing: _____

Sampling Location, Methods and Remarks (i.e. odors, etc.)

Jim's Water Service - Below grade tank receives truck wash waterI certify that the results in this block accurately reflect the results of my field analyses, observations and activities.(signature collector): Jim's Water Service Method of Shipment to the Lab: Hand CarriedThis form accompanies 2 Septum Vials, _____ Glass Jugs, and/or _____

Samples were preserved as follows:

- ☐ NP: No Preservation; Sample stored at room temperature.
☒ P-Ice Sample stored in an ice bath (Not Frozen).
☐ P-Na₂S₂O₃ Sample Preserved with Sodium Thiosulfate to remove chlorine residual.

CHAIN OF CUSTODY

I certify that this sample was transferred from _____ to _____

at (location) _____ on _____/_____/_____-_____:_____ and that

the statements in this block are correct. Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures _____

For OCD Use: Date Owner Notified _____ Phone or Letter? _____ Initials _____

ANALYSES PERFORMED

LAB. No.: OR- 1453

THIS PAGE FOR LABORATORY RESULTS ONLY

This sample was tested using the analytical screening method(s) checked below:

PURGEABLE SCREENS

- ☐ (753) Aliphatic Purgeables (1-3 Carbons)
☒ (754) Aromatic & Halogenated Purgeables
☐ (765) Mass Spectrometer Purgeables
☐ (766) Trihalomethanes
- Other Specific Compounds or Classes

Other Specific Compounds or Classes

□ □ □ □ □

EXTRACTABLE SCREENS

- | | | |
|--------------------------|-------|-----------------------------------|
| <input type="checkbox"/> | (751) | Aliphatic Hydrocarbons |
| <input type="checkbox"/> | (760) | Organochlorine Pesticides |
| <input type="checkbox"/> | (755) | Base/Neutral Extractables |
| <input type="checkbox"/> | (758) | Herbicides, Chlorophenoxy acid |
| <input type="checkbox"/> | (759) | Herbicides, Triazines |
| <input type="checkbox"/> | (760) | Organochlorine Pesticides |
| <input type="checkbox"/> | (761) | Organophosphate Pesticides |
| <input type="checkbox"/> | (767) | Polychlorinated Biphenyls (PCB's) |
| <input type="checkbox"/> | (764) | Polynuclear Aromatic Hydrocarbons |
| <input type="checkbox"/> | (762) | SDWA Pesticides & Herbicides |

ANALYTICAL RESULTS

COMPOUND(S) DETECTED	CONC. [PPB]
<i>aromatic purgables *</i>	
<i>ethylbenzene</i>	T.R.
<i>m-xylene</i>	10
<i>p-xylene</i>	20
* DETECTION LIMIT *	10 ug/l

COMPOUND(S) DETECTED	CONC. [PPB]
<i>halogenated purgables +</i>	N.D.
+ DETECTION LIMIT +	1-ug/l

ABBREVIATIONS USED:

N D = NONE DETECTED AT OR ABOVE THE STATED DETECTION LIMIT

T R = DETECTED AT A LEVEL BELOW THE STATED DETECTION LIMIT (NOT CONFIRMED)

[RESULTS IN BRACKETS] ARE UNCONFIRMED AND/OR WITH APPROXIMATE QUANTITATION

LABORATORY REMARKS:

CERTIFICATE OF ANALYTICAL PERSONNEL

Seal(s) Intact: Yes ☐ No ☒ Seal(s) broken by: not sealed date: _____

I certify that I followed standard laboratory procedures on handling and analysis of this sample unless otherwise noted and that the statements on this page accurately reflect the analytical results for this sample.

Date(s) of analysis: 9/16/87. Analyst's signature: James C. Eden

I certify that I have reviewed and concur with the analytical results for this sample and with the statements in this block.

Reviewers signature: R Meneses