

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	Insp Type	Insp Purpose	Inspector	Documentation
4/26/2005	eWJF0511838712	Artesia Service Facility	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		Permit(s) Authorizing Facility				
Violation Detail (If applicable) Drum Arrangement/Condition does not meet specs.						
Other (Describe below)						
Violation Description 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:						
<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 checked="" type="checkbox"/> Labeling <input type="checkbox"/> WD Practice <input type="checkbox"/> UG Lines <input type="checkbox"/> Housekeeping <input type="checkbox"/> Remediations <input checked="" type="checkbox"/> Storm Water						

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 Jims Water Services (Stoneman Mobil 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 _____
(specify)

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	6805
DATE <u>1-3-04</u>			
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>		
⑆⑆⑆2201988⑆6805⑆0054328810⑆			



3-18-94

JIMS WATER SERVICE
RIVERSIDE

WASH OUT PIT



3-18-94

JIMS WATER SERVICE

RIVERSIDE

WASH OUT PIT



3-18-94

JIMS WATER SEIZ

WASH OUT PIT

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

NEW MEXICO
 87-1452-C
 754 WP

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 CB

SAMPLE TYPE: WATER , SOIL , FOOD , OTHER: _____ CODE: _____

COUNTY: Eddy; CITY: Artesia CODE: _____

LOCATION CODE: (Township-Range-Section-Tracts) 1 1 7 1 5 + 2 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 - oily pit 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 _____



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

860 WNW

**GENERAL WATER CHEMISTRY
 and NITROGEN ANALYSIS**

DATE RECEIVED	9/21/87	LAB NO.	WC-3987	USER CODE	<input type="checkbox"/> 59300 <input type="checkbox"/> 59600 <input checked="" type="checkbox"/> OTHER: 82235
Collection DATE	8/28/87	SITE INFORMATION	Sample location		
Collection TIME	1355		Jim's WATER SERVICE		
Collected by — Person/Agency		BAILEY IOCD			
		Collection site description			
		WASH DRAIN TANK			

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 DIVISION
 SANTA FE

Attn: David Boyer

Phone: 827-5812

SAMPLING CONDITIONS

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

SAMPLE FIELD TREATMENT — Check proper boxes

No. of samples submitted	1	<input checked="" type="checkbox"/> NF: Whole sample (Non-filtered)	<input type="checkbox"/> F: Filtered in field with 0.45 μ membrane filter	<input type="checkbox"/> A: 2 ml H ₂ SO ₄ /L added
<input checked="" type="checkbox"/> NA: No acid added		<input type="checkbox"/> Other-specify:	<input type="checkbox"/> A: 5ml conc. HNO ₃ added	<input type="checkbox"/> A: 4ml fuming HNO ₃ added

ANALYTICAL RESULTS from SAMPLES

NA	Units	Date analyzed	From <u>NF</u> , NA Sample:	Date Analyzed
<input checked="" type="checkbox"/> Conductivity (Corrected) 25°C (00095)	μ mho	10/13	<input checked="" type="checkbox"/> Calcium	280 mg/l 10/7
<input type="checkbox"/> Total non-filterable residue (suspended) (00530)	mg/l		<input checked="" type="checkbox"/> Potassium	858 mg/l 9/3
<input checked="" type="checkbox"/> Other: pH		10/19	<input checked="" type="checkbox"/> Magnesium	100 mg/l 10/7
<input type="checkbox"/> Other:			<input checked="" type="checkbox"/> Sodium	336 mg/l 7/3
<input type="checkbox"/> Other:			<input checked="" type="checkbox"/> Bicarbonate	201 mg/l 10/19
A-H₂SO₄			<input checked="" type="checkbox"/> Chloride	534 mg/l 10/2
<input type="checkbox"/> Nitrate-N +, Nitrate-N total (00630)	mg/l		<input checked="" type="checkbox"/> Sulfate	826 mg/l 11
<input type="checkbox"/> Ammonia-N total (00610)	mg/l		<input checked="" type="checkbox"/> Total Solids	2490 mg/l 10/5
<input type="checkbox"/> Total Kjeldahl-N ()	mg/l		<input checked="" type="checkbox"/> Res	0.65 11/6
<input type="checkbox"/> Chemical oxygen demand (00340)	mg/l		<input type="checkbox"/>	
<input type="checkbox"/> Total organic carbon ()	mg/l		<input checked="" type="checkbox"/> Cation/Anion Balance	
<input type="checkbox"/> Other:			Analyst	Date Reported
<input type="checkbox"/> Other:				11/20/87

Laboratory remarks: (CO₂) = 8 mg/l

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

754 wpa

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

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SUBMITTER: David Boyer CODE: 2 6 0

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- 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 _____

