

January 19, 2024

CRRUA Water Discoloration UPDATE

Affected Areas: Valencia Park, Edgemont, Casa Lindas, Santa Teresa Industrial

This is an update to the Public Notice issued on January 16 regarding the cause of water discoloration.

Water Discoloration Explanation

Water discoloration occurrences like the one experienced on 1/16/2024 are not uncommon. It happens when mineral deposits like iron and manganese are shaken up in the water piping. However, water discoloration should be only temporary. Due to ongoing reports from the affected areas, CRRUA Operational staff continued to investigate the water discoloration issue and figured out the issue.

Q: What is the cause of the discolored water?

A: We have determined the cause of the water discoloration, which was an increase in iron in water produced from the Santa Teresa Industrial arsenic treatment plant. CRRUA operators have flushed the treatment system. The water produced from the treatment plant is no longer discolored and iron concentrations have returned to normal.

CRRUA Operation staff will continue to flush hydrants in the affected areas Valencia Park, Edgemont, Casa Lindas, Santa Teresa Industrial. Please note the flushing of hydrants may cause low water pressure momentarily.

Q: Is the water safe to drink?

A: Yes, the water remains safe for consumption. Discoloration affects the appearance but does not affect the water's safety.

We have taken bacterial samples in the affected area and have had a NM State Certified Lab test the results. Results came back negative for bacterial detection. Please see pdf copy of results.

We apologize for any inconvenience this may have caused. If you have any concerns or need further assistance, please contact us at 575-589-1075.

Aqua Environmental Testing Lab Las Cruces - Lab ID# NM1201 - Bac T Report

12695 Leasburg State Park Rd., Las Cruces, NM 88007, 575-526-0871

Test Method: SM 9223B

Lab Sample ID# AETL-LC-0308-24

Water Supply System Name: Camino Real Regional Utility Authority

WSS Code No. (5 digits) NM35 02507 Chlorine: Yes / No Free: 41 mg/l Total: mg/l

Date Collected: 11/16/24 Time Collected (24 hr): 8:55

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 <u> </u>	Location: <u> </u>
2. Repeat	Sample Point ID: RP <u> </u>	Location: <u> </u>
	Original Lab Sample ID# <u> </u>	
3. GW Triggered Source	Source Facility ID# <u> </u>	Source Facility Name: <u> </u>
	Original Lab Sample ID# <u> </u>	Sample Point ID# SP <u> </u> 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# <u> </u>	Source Facility Name: <u> </u>
	Triggered Source Lab Sample ID# <u> </u>	Sample Point ID# SP <u> </u> 1
5. <u>Special</u>	Location: <u>5831 Manchester</u>	
6. E-Coli Enumeration (LT2)	Facility ID# <u> </u>	Facility Name: <u> </u>
	Turbidity <u> </u> (ntu's)	

FIELD SAMPLE DATA & REMARKS	pH: <u> </u>	Conductivity (µS/cm) <u> </u>	Temp. (°C): <u> </u>
Comments: <u> </u>			
Collected By (print): <u>Tamara Ramirez</u>	Sampler/ Operator ID# <u>NM 06689</u>	Phone Number: (915) 238-8739	
Relinquished by (signature): <u>[Signature]</u>		Date: <u>11/16/24</u>	Time: (24 hr.) <u>2:00</u>
Received by name (print): <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>11-16-24</u>	Time: (24 hr.) <u>1401</u>
Relinquished by name (print): <u> </u>	Signature: <u> </u>	Date: <u> </u>	Time: (24 hr.) <u> </u>
Received by name (print): <u> </u>	Signature: <u> </u>	Date: <u> </u>	Time: (24 hr.) <u> </u>
SAMPLE RECEIPT CONDITION	Temp (°C): <u>6.1</u>	Custody Seals (circle): <u>Yes</u> / No	Intact (circle): <u>Yes</u> / No
Preservative (circle): <u>Ice</u> Yes/ No	Comments: <u> </u>		

Contact Info to Completed by Private or Contractors or other Non-WSS

Owner/ Company: Address:
 Contact Person: Phone: City State Zip Code

TEST RESULTS

Check Observed Results

TOTAL COLIFORM	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	<input type="checkbox"/> SAMPLE REJECTED Please re-sample Reason: <u> </u>
E. coli	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	
E. coli Enumeration (per 100 ml)	<u> </u> MPN	Volume Assayed: <u>100</u> ml	
Analyst: <u>[Signature]</u>	Date Incubated: <u>11-16-24</u>	Time Incubated: <u>1650</u>	Date Analyzed: <u>11-17-24</u> Time Analyzed: <u>1050</u>
Positive Sample Results Notification			
Positive Confirmed by: <u> </u>	Date confirm: <u> </u>	Time Confirm: <u> </u>	
System Notified by: <u> </u>	Date Notified: <u> </u>	Time Notified: <u> </u>	System Contact: <u> </u>
District Notified by: <u> </u>	Date Notified: <u> </u>	Time Notified: <u> </u>	District Contact: <u> </u>
Comments: <u> </u>			

Aqua Environmental Testing Lab Las Cruces - Lab ID# NM1201 - Bac T Report

12695 Leasburg State Park Rd., Las Cruces, NM 88007, 575-526-0871

Test Method: SM 9223B

Lab Sample ID# AETL-LC-0309-24

Water Supply System Name: Camino Real Regional Utility Authority			
WSS Code No. (5 digits)	NM35 02507	Chlorine: <input checked="" type="radio"/> Yes / <input type="radio"/> No	Free: 41 mg/l Total: mg/l
Date Collected: 1/16/24	Time Collected (24 hr): 8:35		

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	Location:
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: 1410 Casas Lindas	
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):	Samplers/ Operator ID#	Phone Number: (915) 238-8739		
Relinquished by (signature):	NM 06689	Date: 1/16/24	Time: (24 hr.) 2:00	
Received by name (print):	Signature:	Date: 1-16-24	Time: (24 hr.) 1:40	
Relinquished by name (print):	Signature:	Date:	Time: (24 hr.)	
Received by name (print):	Signature:	Date:	Time: (24 hr.)	
SAMPLE RECEIPT CONDITION		Temp (°C): 6.2	Custody Seals (circle): <input checked="" type="radio"/> Yes / <input type="radio"/> No Intact (circle): <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Preservative (circle): <input checked="" type="radio"/> Yes / <input type="radio"/> No		Comments:		

Contact Info to Completed by Private or Contractors or other Non-WSS

Owner/ Company:	Address:
Contact Person:	Phone: City State Zip Code

TEST RESULTS

Check Observed Results

TOTAL COLIFORM	<input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT	Reason: <input type="checkbox"/> SAMPLE REJECTED Please re-sample
E. coli	<input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT	
E. coli Enumeration (per 100 ml)	MPN	Volume Assayed: 100 ml
Analyst:	Date Incubated: 1-16-24	Time Incubated: 1650
	Date Analyzed: 1-17-24	Time Analyzed: 1050

Positive Sample Results Notification

Positive Confirmed by:	Date confirm:	Time Confirm:
System Notified by:	Date Notified:	Time Notified:
District Notified by:	Date Notified:	Time Notified:
Comments:		

Aqua Environmental Testing Lab Las Cruces - Lab ID# NM1201 - Bac T Report

12695 Leasburg State Park Rd., Las Cruces, NM 88007, 575-526-0871

Test Method: SM 9223B

Lab Sample ID# AETL-LC-0915R 0310-24

Water Supply System Name: Camino Real Regional Utility Authority			
WSS Code No. (5 digits)	NM35 02507	Chlorine: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Free: 105 mg/l Total: mg/l
Date Collected: 1/16/24	Time Collected (24 hr): 7:55 AM		

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	Location:
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. <input checked="" type="checkbox"/> Special	Location: 862 Brass Hill	
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):	Signature: <i>Jovine Ramirez</i>	Sampler/ Operator ID#	Phone Number: (915) 238-8739	
Relinquished by (signature):	Signature: <i>[Signature]</i>	NM 06689	Date: 1/16/24	Time: (24 hr.) 2:00
Received by name (print):	Signature: <i>[Signature]</i>		Date: 1-16-24	Time: (24 hr.) 1401
Relinquished by name (print):	Signature:		Date:	Time: (24 hr.)
Received by name (print):	Signature:		Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C): 6.4	Custody Seals (circle): Yes / No	Intact (circle): Yes / No	
Preservative (circle): Ice <input checked="" type="checkbox"/> Yes / No	Comments:			

Contact Info to Completed by Private or Contractors or other Non-WSS

Owner/ Company:	Address:		
Contact Person:	Phone:	City:	State: Zip Code:
TEST RESULTS			
Check Observed Results			
TOTAL COLIFORM	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	<input type="checkbox"/> SAMPLE REJECTED Please re-sample
E. coli	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	
E. coli Enumeration (per 100 ml)	MPN	Volume Assayed: 100 ml	
Analyst: <i>[Signature]</i>	Date Incubated: 1-16-24	Time Incubated: 1650	Date Analyzed: 1-17-24
Time Analyzed: 1050			
Positive Sample Results Notification			
Positive Confirmed by:	Date confirm:	Time Confirm:	
System Notified by:	Date Notified:	Time Notified:	System Contact:
District Notified by:	Date Notified:	Time Notified:	District Contact:
Comments:			