

NMED DATE STAMP this page above when it is received

State of New Mexico Environment Department Environmental Health Bureau			
PERMITTED ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT			
GENERAL INFORMATION			
To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>TA 90063</u>	Lot Size on Permit (to 0.01 acres) <u>6.72</u>	Number of Bedrooms on Permit <u>3</u>
CURRENT OWNER INFORMATION	Name <u>John Follow + Geraldine Follow</u>	Mailing Address <u>New Hope, PO 18938</u>	Phone
PROPERTY INFORMATION	Site Address <u>26287 Hwy EAST 64</u>	Uniform Property Code <u>108146143200</u>	Lot Size (to 0.01 Acres) <u>6.82</u>
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 <u>(2)</u> 3 4 5 6 Other:	Other structure on property being used as a residence? <u>(YES)</u> NO	Describe Current Number of Bedrooms in Other Residential Structures: <u>1</u>
WATER SOURCE	Water Source (Circle One) <u>Private Well</u> Public Water Shared Well	Well on your property? <u>(YES)</u> NO	Well Permit Number <u>RG 30239</u>
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? <u>(YES)</u> NO	If YES, What Permit Numbers?	Describe Other Sources: <u>1 Bedroom Cabin</u>
THIRD PARTY EVALUATOR INFORMATION			
To be completed by Third Party Evaluator, Owner or Owner's Representative			
EVALUATOR INFORMATION	Name of Person Evaluating LW System <u>Daniel R Gonzalez</u>	Name of Company <u>Ernest's Plumb</u>	Phone Number <u>758-7313</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 <u>(MM-01)</u> MS-03 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# <u>11416</u>	Expiration Date <u>7/15</u>
SEPTAGE PUMPER INFO	Name of Company <u>American Pumping</u>	Name of Septage Pumper <u>Lucio Duran</u>	Is this person a Qualified Septage Pumper under Section 904(B) of Regulations? <u>(YES)</u> NO
OTHER INFORMATION			
NOTICE TO OWNER OR AGENT: This report shall <u>not</u> be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. Your signature below attests that the above detailed information is correct and true to the best of your knowledge.			
Owner or Representative Name Printed <u>ERNEST N GONZALEZ</u>		Signature <u>Ernest N Gonzalez</u>	Date <u>9/26/14</u>

## LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

**Date of Evaluation:**

### Septic Tank

LOCATION	Latitude (DD.ddddd°) <u>N 36.21673</u>	Longitude (DDD.ddddd°) <u>W 105.24863</u>	Elevation (Feet) <u>7915</u>
SIZE and MATERIALS	Size (gallons) <u>1000</u> 1200 1500 Other: _____	Material: <u>Concrete</u> Plastic Fiberglass Other Note: _____	Manufacturer of Tank <u>Silvas</u>
	Tank Depth (Top of Tank to ground surface) <u>81 inch</u> Feet	Covers Secure? <u>YES</u> NO	Year Tank Manufactured <u>1990</u>
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req. 2005) YES NO <u>Not Required</u>	Effluent Filter? (Required 2005) YES NO <u>Not Required</u>	Handle on Effluent Filter? (Required 2013) YES NO <u>Not Required</u>
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>950+</u> Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <u>At Invert</u> Below Invert	Does Tank appear Level? (Circle One) <u>YES</u> NO
	Inlet Tee/Baffle (Circle One) <u>OK</u> NOT OK Note: _____	Outlet Tee/Baffle (Circle One) <u>OK</u> NOT OK Note: _____	Baffle Wall (Circle One) <u>OK</u> NOT OK Note: _____
VISIBLE DESCRIPTORS (Circle ALL that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed Notes: _____		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: <u>250+</u> Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet	Setbacks to Public Water Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met <u>Unable to Confirm</u> N/A	To Property Lines, Structures, Waterlines <u>Met</u> Not Met Unable to Confirm N/A	Setbacks to Disposal System <u>Met</u> Not Met Unable to Confirm N/A
HOLDING TANK <u>N/A</u>	High Level Alarm working properly? YES NO <u>N/A</u>	Appears to be Watertight? YES NO <u>N/A</u>	Pumping Records Available? YES NO <u>N/A</u>

Note any Problems, Concerns or Comments:

### Disposal System

TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	Conventional <input checked="" type="checkbox"/> <u>Trench</u> <input checked="" type="checkbox"/> <u>Pipe and Gravel</u> Chambers Synthetic Aggregate Other Seepage Pit Leaching Bed Elevated System with Lift Station		
	Alternative/Other Elevated System with Pressure-Dosing Low-pressure Dosed Vault Privy Split-Flow Constructed Wetlands Other: Wisconsin Mound ET Bed Gray Water System Drip System Bottomless Sand Filter Sand-lined Trench Soil-Replacement		
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO <u>UNABLE TO CONFIRM</u>	Watertight & Equal Distribution of Flow? YES NO <u>UNABLE TO CONFIRM</u>	Access to D-Box? (Required 2013) YES NO
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? <u>YES</u> NO	Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: <u>100901</u>	Other Method? YES <u>NO</u> Describe: _____
	Any Indication of Previous Failure? YES <u>NO</u>	Seepage Visible on Lawn? YES <u>NO</u>	Lush Vegetation Present? YES <u>NO</u>
	Evidence of Ponding Water in Field? YES <u>NO</u> N/A <u>UNABLE TO CONFIRM</u>	Even Distribution of Effluent in Field? YES NO <u>N/A</u> <u>UNABLE TO CONFIRM</u>	Any Septic Odor Present? YES <u>NO</u>
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: <u>250+</u> Feet	Setbacks to Neighbor's Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet	Setbacks to Public Water Well (200 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met <u>Unable to Confirm</u> N/A	To Property Lines, Structures, Waterlines <u>Met</u> Not Met Unable to Confirm N/A	Setbacks to Septic Tank <u>Met</u> Not Met Unable to Confirm
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? <u>YES</u> NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? <u>N/A</u> Yes No Unable to Confirm	

Note any Problems, Concerns or Comments:

Liquid Waste Permit Number: TA 90063

Advanced Treatment System <input checked="" type="checkbox"/> Not Applicable <small>check here if not applicable</small>			
Advanced Treatment Systems can only be evaluated by a Qualified Maintenance Service Provider. Are you a Qualified MSP? YES NO			
TYPE OF ATS	Name of Manufacturer	Model/Capacity	What Level of Treatment Secondary Tertiary Disinfection
FUNCTIONALITY	Aerator is working properly? YES NO	System appears to have been properly maintained? YES NO	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO Name of MSP:	Has a Maintenance & Monitoring event occurred within last 180 days? YES NO DON'T KNOW	Are Results of Maintenance & Monitoring Report Attached? YES NO

Note any Problems, Concerns or Comments:

Pump Systems <input checked="" type="checkbox"/> Not Applicable <small>check here if not applicable</small>			
FUNCTIONALITY	Is pump operating properly? YES NO	Is pump above Tank floor? YES NO	High Level Alarm Works? YES NO
	Alarms and pumps on separate circuits? YES NO	Is pump wiring protected? YES NO	Both Audible & Visible Alarms present? YES NO
	Is there a Risers to Grade w/ Secure Lid? YES NO	Is tank watertight and structurally sound? YES NO	Is there a Check Valve & Purge/Vent Hole? YES NO

Note any Problems, Concerns or Comments:

Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)

See Site Plan

On-Site Liquid Waste System Evaluation Summary		Circle One		
FLOOR PLAN ATTACHED (Required)	Has the applicant provided a sketch of the floor plan of all structures which clearly identifies all rooms(including bedrooms & kitchens)?	YES <input checked="" type="checkbox"/>	NO	
ADDRESS	Is the address listed on this permit the same as the current address?	YES <input checked="" type="checkbox"/>	NO	N/A
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	YES	NO	N/A
LOT SIZE	Is the Lot Size listed on the permit the same as the current lot size for this property?	YES <input checked="" type="checkbox"/>	NO	N/A
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	YES	NO	N/A
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	YES <input checked="" type="checkbox"/>	NO	N/A
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	YES <input checked="" type="checkbox"/>	NO	N/A
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances?	YES <input checked="" type="checkbox"/>	NO	N/A
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? Attach a Copy	YES	NO	N/A <input checked="" type="checkbox"/>
	Has the system been sampled and monitored in accordance with permit conditions?	YES	NO	N/A <input checked="" type="checkbox"/>
	Is a Monitoring or Sampling Report attached? (Required for All ATS)	YES	NO	N/A <input checked="" type="checkbox"/>
PUBLIC HEALTH and SAFETY	Is it your professional opinion that this system <u>does not</u> currently constitute a public health or safety hazard?	YES <input checked="" type="checkbox"/>	NO	
EVALUATOR RECOMMENDATIONS <i>Circle All that Apply</i>	Septic Tank is Functioning Properly	Septic Tank Needs Replacement	Septic Tank Needs Repairs	
	Disposal System is Functioning Properly	Disposal System Needs Replacement/Expansion or Repairs		
	ATS is Functioning Properly	ATS Needs Replacement, Maintenance or Repairs		
Clarify Recommendations, Problems, Concerns, Comments etc.:				
Describe any Repairs that are required <u>and</u> any Repairs that were completed:				
The information contained in this report is correct and true to the best of my knowledge.				
<u>Ernest N Gonzalez</u> Evaluator's Name Printed		<u>Ernest N. Gonzalez</u> Evaluator's Signature		<u>9/26/14</u> Date
<b>NMED REVIEW:</b> NMED has reviewed the information provided above and has determined the following: <input checked="" type="checkbox"/> The Liquid Waste Permit is valid and the liquid waste system appears to be functioning properly; no further action required <input type="checkbox"/> A Modification Permit is required and a complete application must be submitted to NMED within 15 days of this evaluation <input type="checkbox"/> Repairs are Required- Verification that repairs have been completed must be submitted to NMED within 15 days of this report Comments:				
Reviewed by:	<u>Matt Bogar</u> NMED Staff Name Printed	<u>[Signature]</u> NMED Staff Signature	<u>9/20/14</u> Date	
The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report. Return completed form with all required documents to the local Environment Department Field Office This form is valid for 180 days after the date of the signature of the Evaluator.				

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: 9/26/14

NMED Processing Number: TA140173C

NMED Use Only:  
 Call 758-2808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: \_\_\_\_\_  
 Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other: \_\_\_\_\_

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:

Fallon John + Geraldine  
 MAILING ADDRESS: Street/PO Box, City, State, Zip Code  
351 Fairview Avenue East Seattle WA 98102  
 SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)

26297 Hwy 64 East  
 SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

IFORM PROPERTY CODE: 1081146143200H2  
 TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV

STALLER'S NAME & FIRM: PHONE:

MAILING ADDRESS: Street/PO Box City State Zip Code

D License No./Class MM-1 MM-98 MS-1 MS-3 Homeowner

PERMIT APPLICATION (Instructions available on request)  
 Application is for: \_\_\_ New Permit  Registration - existing unpermitted system  
 \_\_\_ Modification of an existing system \_\_\_ ATS ownership transfer  
 Existing Permit No.(if applicable): \_\_\_\_\_

WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)  
 A. Proposed liquid waste system use and design flow:  
 Single family residence 1 no. of bedrooms 150 gpd  
 \_\_\_ Multiple family units \_\_\_ no. of units; \_\_\_ no. bedrooms per unit \_\_\_\_\_ gpd  
 \_\_\_ Seasonal residence \_\_\_\_\_ gpd  
 \_\_\_ Commercial/Institutional (type): \_\_\_\_\_ gpd  
 \_\_\_ Other (type): \_\_\_\_\_ Fixture units: \_\_\_\_\_ gpd  
 B. Are there other sewage sources on this property?  Yes \_\_\_ No  
 TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd 790063  
525 gpd

SITE INFORMATION  
 A. Lot Size: 6.83 Acres Date of Record: 10/25/04  
 (nearest 0.01 acre) (Plat Date or Subdivision Date)  
 Ownership and lot size documentation attached:  Warranty deed  Property tax receipt  
 \_\_\_ Recorded survey \_\_\_ Recorded plat \_\_\_ Other, specify: \_\_\_\_\_

B. Depth from Ground Surface to:  
 Seasonal High Water Table 20ft feet  
 Bedrock, Caliche, Tight Clay 25ft feet  
 Gravel, Cobbles, Highly permeable soil 25ft feet  
 C. Soil Description:  
 USDA Soil Class Methodology & Verification Submitted?  Yes \_\_\_ No  
 \_\_\_ Type Ia=1.25 sf/gal/day \_\_\_ Type Ib=2 sf/gal/day  Type II= 2 sf/gal/day  
 \_\_\_ Type III=2 sf/gal/day \_\_\_ Type IV=5 sf/gal/day  
 D. Domestic Water Source:  
 On-site \_\_\_ Off-site  Private \_\_\_ Public \_\_\_ Shared  
 Irrigation well, or flood irrigated area on lot? \_\_\_ Yes  No  
 State Engineer Well Permit #: R6 30294  
 Name of Public Water System: \_\_\_\_\_

IV. SYSTEM DESIGN  
 \_\_\_ Experimental System  
 A. Treatment Unit:  
 \_\_\_ Septic tank Manufacturer: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Certification No: \_\_\_\_\_  
 \_\_\_ ATS (Advanced Treatment System) \_\_\_ Secondary \_\_\_ Tertiary \_\_\_ Sand filter  
 \_\_\_ Disinfection \_\_\_ Other (specify): \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 \_\_\_ Voluntary ATS  
 B. Disposal System: \_\_\_ Trench \_\_\_ Leaching Bed \_\_\_ Seepage Pit  
 \_\_\_ Privy \_\_\_ Holding tank \_\_\_ Elevated Bed \_\_\_ Wisconsin Mound  
 \_\_\_ Vault \_\_\_ Lined Evapotranspiration (ET) Bed \_\_\_ Unlined ET Bed  
 \_\_\_ Irrigation \_\_\_ Low pressure dosed \_\_\_ Drip \_\_\_ Gray water  
 \_\_\_ Other (specify): \_\_\_\_\_  
 Materials: \_\_\_ Pipe & Gravel \_\_\_ Gravelless (type): \_\_\_\_\_  
 Distribution box: \_\_\_ Yes \_\_\_ No  
 C. Minimum required absorption area:  
 AR x Q = \_\_\_\_\_ SQ FT  
 (AR - Application Rate) (Q - Design Flow)  
 Trench or Bed width = \_\_\_\_\_ ft.  
 Gravel depth below pipe = \_\_\_\_\_ ft.  
 Total Trench or Bed Length = \_\_\_\_\_  
 Length of Trenches = (1) \_\_\_\_\_; (2) \_\_\_\_\_; (3) \_\_\_\_\_; (4) \_\_\_\_\_  
 Number of Gravelless Units = \_\_\_\_\_  
 Proposed Absorption Area of System = \_\_\_\_\_ SQFT  
 D. Depth from ground surface to bottom of absorption area = \_\_\_\_\_ ft.

John Fallon  
Side Plan  
TA140173R

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