

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



POSTED

NMED Processing Number: ES16-0008

Date NMED Received: 1/14/2016

NMED Use Only: Call 753-7256 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 50.00
 Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other: _____

SYSTEM OWNER'S NAME: Last, First, MI ROOT MICHAE L Home Phone: 505-575-4504 Business Phone: _____
 MAILING ADDRESS: Street/PO Box, City, State Zip Code
P.O. Box 421 DEXON NM 87582
 SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)
285 STATE RD 75 DEXON NM 87582
 SUBDIVISION UNITE/PHASE BLOCK LOT/TRACT
WILKINS OF DEXON PARCEL A+B
 UNIFORM PROPERTY CODE: 1-057-134-233-210
 TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE ELEV
23N 10E 2E
 INSTALLER'S NAME & FIRM: JCSERVICES CO PHONE: 471-1831
 MAILING ADDRESS: Street/PO Box City State Zip Code
2524 Orange Dr SE NM 87507
 CID License No./Class MM-1 MM-98 X MS-1 X MS-3 Homeowner
 No: 12818

B. Depth from Ground Surface to:
 Seasonal High Water Table 10' feet
 Bedrock, Caliche, Tight Clay 10' feet
 Gravel, Cobbles, Highly permeable soil 10' feet
 C. Soil Description:
 USDA Soil Class Methodology & Verification Submitted? Yes X 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 Type V=5 sf/gal/day
 D. Domestic Water Source:
 On-site X Off-site _____ Private _____ Public _____ Shared _____
 Irrigation well, or flood irrigated area on lot? Yes _____ No _____
 State Engineer Well Permit #: DEXON WATER ASSOC
 Name of Public Water System: _____

IV. SYSTEM DESIGN
 A. Treatment Unit:
 _____ Septic tank Manufacturer: CUNBER SUFFLO Capacity: 1000
 _____ Certification No: EST 2000 RISERS + FILTER
 _____ 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): E2 FT DIA 1204U
 Distribution box: X Yes _____ No _____
 C. Minimum required absorption area:
 AR 2 x Q 375 = 750 SQFT
 (AR - Application Rate) (Q - Design Flow)
 Trench or Bed width = _____ ft.
 Gravel depth below pipe = _____ ft.
 Total Trench or Bed Length = 110 ft.
 Length of Trenches = (1) 60; (2) 50; (3) _____; (4) _____
 Number of Gravelless Units = _____
 Proposed Absorption Area of System = 750 SQFT
 D. Depth from ground surface to bottom of absorption area = 6' ft.

I. PERMIT APPLICATION (instructions available on request)
 Application is for: _____ New Permit _____ Registration - existing unpermitted system
X Modification of an existing system _____ ATS ownership transfer
 Existing Permit No. (if applicable): _____
LEGAT FIELD ONLY
 II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)
 A. Proposed liquid waste system use and design flow:
 _____ Single family residence _____ no. of bedrooms _____ gpd
 _____ Multiple family units 3 no. of bedrooms _____ gpd
 _____ Seasonal residence _____ no. of bedrooms per unit _____ gpd
 _____ Commercial/Institutional (type): _____ Fixture units: _____ Yes _____ No _____ gpd
 _____ Other (type): _____
 B. Are there other sewage sources on this property? _____ Yes _____ No _____
 TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION
 A. Lot Size: 0.10 Acres Date of Record: 5 March 02
 (nearest 0.01 acre) (Plat Date or Subdivision Date)
 Ownership and lot size documentation attached: X Warranty deed _____ Property tax receipt
 _____ Recorded survey _____ Recorded plat _____ Other, specify: FLEVA PLAN

NMED Processing Number: ES16-0008

V. SITE PLAN: Attach plat, diagram or picture file of the lot and liquid waste system. Show setback distances from both the tank and disposal field to property lines, buildings, structures, wells, water lines, irrigation ditches, arroyos and surface waters within 200 feet of the system, and the direction of groundwater flow.

NMED Use: A plat, drawing or picture, including setback distances, in accordance with 20.7.3.302: IS attached

VI. The foregoing information is correct and true to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all applicable provisions of the New Mexico Plumbing Code and the New Mexico Liquid Waste Disposal and Treatment Regulations. Obtaining this permit does not relieve me from the responsibility of obtaining any permit required by state, city or county regulation or ordinance or other requirements of state or federal law.

Print Name John Van Damme, Sr
Signature [Signature] Date 1-13-15
Owner [Signature] Owner's Authorized Representative
Owner's Authorized Representative and Contractor

VII. NMED PERMIT TO CONSTRUCT (For Registrations, ATS Ownership Transfer, or Permitting of Existing Unpermitted Systems installed after February 1, 2002 skip this section and go to Section VIII):

NMED USE ONLY
A permit for CONSTRUCTION ONLY of the liquid waste disposal system described herein is hereby:
 Granted subject to conditions Denied NMED Permit to Construct No. ES16-0008
Permit Conditions or Reasons for Denial: 1) 24 HOUR WATER TIGHTNESS TEST AND PUMPING OF SEPTAGE REQUIRED UPON FINAL INSPECTION FOR UNPERMITTED TANK INSPECTION/EVALUATION 2) INSTALL PER LIQUID WASTE REGULATIONS INCLUDING SETBACK TO
Glenda Fied-Winklee 1/19/2016 WELL IF NOT PROPERLY ABANDONED 3) DO NOT COVER PRIOR TO
NMED Representative Date FINAL NMED INSPECTION 4) CALL FOR INSPECTION 2-3 DAYS
PRIOR NOTICE

NOTE: This permit may be canceled for failure to meet any condition specified: failure to complete the system within one year; for providing inaccurate or incomplete information, or for failure to notify NMED to schedule an inspection, a minimum of 2 working days prior to the inspection.
If you have questions call: _____

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:
The system described above: _____ was inspected by NMED _____ Contractor photo inspection authorized

NMED Inspection History
Date _____
NMED Representative Joseph Valley 2/5/16

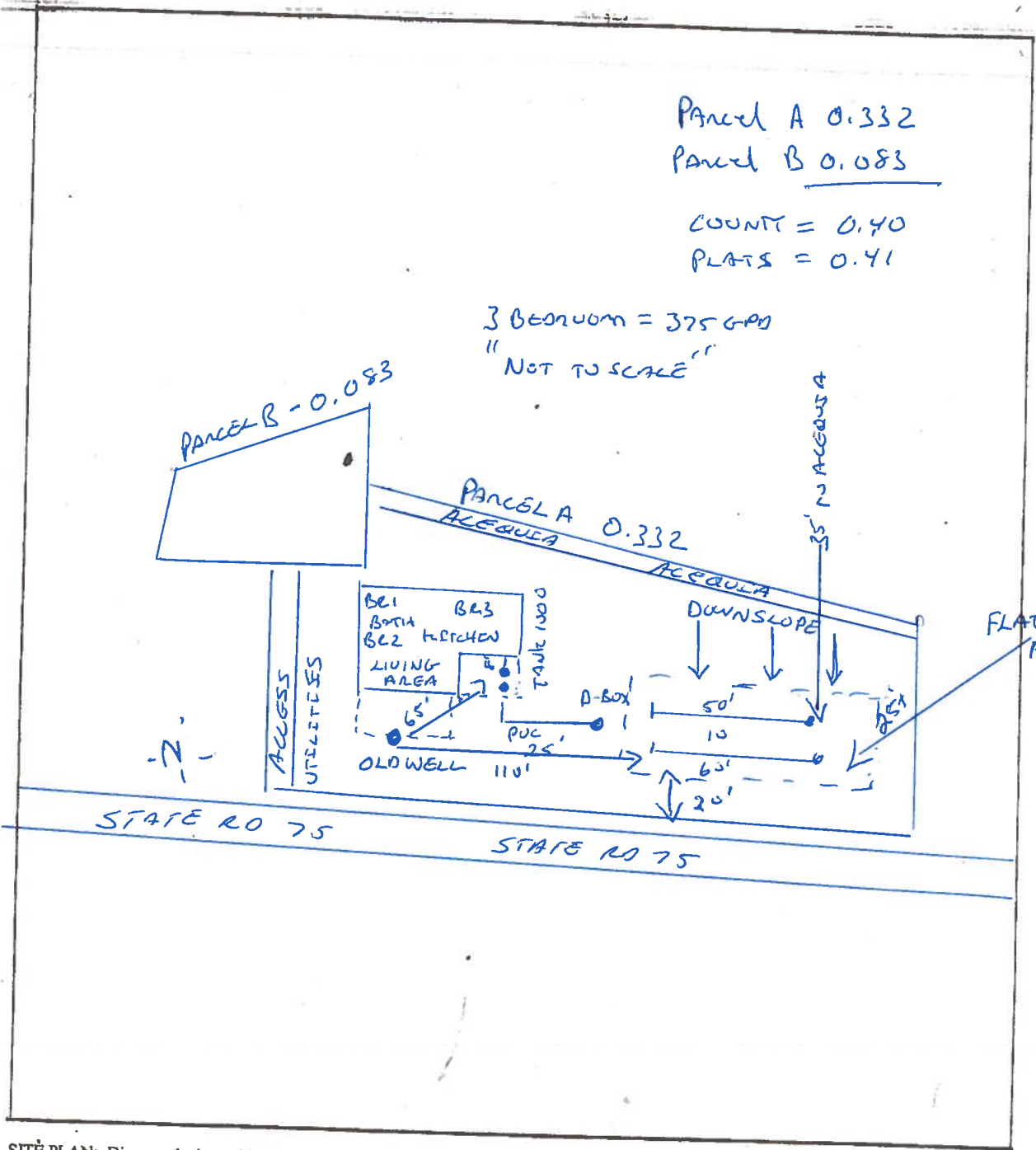
A permit for operation of the liquid waste disposal system described herein is hereby:
 Granted subject to conditions Denied NMED Permit to Operate No. ES16-0008

Conditions of Approval: Risers installed as per Pot Damming
NMED Representative Joseph Valley Date 2/5/16

NAME: M. ROOT

PERMIT #: ES 16-0008

SITE PLAN



SITE PLAN: Diagram the lot and liquid waste system. Show setbacks to the items listed below within 200 feet of the system and the direction of ground water flow. Show the "North" arrow. Show slope of property. Give distances from tank and leach field to each item below if applicable.

TANK		LEACH FIELD	
Treatment Unit to:		Disposable System to:	
<u>50</u>	ft. First Closest Property Line	<u>20</u>	ft.
<u>75</u>	ft. Second Closest Property Line	<u>25</u>	ft.
<u>8'</u>	ft. Building or Residence	<u>50</u>	ft.
<u>N/A</u>	ft. Other Structures	<u>N/A</u>	ft.
<u>65'</u>	ft. Closest Well, and Neighboring Wells	<u>110</u>	ft.
<u>80'</u>	ft. Irrigation Ditch	<u>35'</u>	ft.
<u>—</u>	ft. Arroyo	<u>—</u>	ft.
<u>—</u>	ft. Surface Water	<u>—</u>	ft.

WARRANTY DEED

JUANITA A. LOPEZ, THERESA D. MARTINEZ AND BARBARA A. MARTINEZ, for consideration paid, grant(s) to MICHAEL W. ROOT, a single man, whose address is PO BOX 421 DIXON, NM 87582, the following described real estate in Rio Arriba County, New Mexico.

PARCEL "A":

A certain tract or parcel of land lying and being situate within Small Holding Claim 955, Tract 1, Small Holding Claim 786; and Lot 83 (10-28-83-BLM, Survey), Section 28, Township 23 North, Range 10 East of the New Mexico Principal Meridian in the vicinity of Dixon, County of Rio Arriba, State of New Mexico and being more particularly described on plat of survey entitled "AMENDED SURVEY FOR JUANITA A. LOPEZ, THERESA D. MARTINEZ AND BARBARA A. MARTINEZ", as prepared by John P. Montoya dated February 28, 2002 and filed for record March 7, 2002 in Book X-109 at Page 7642, records of Rio Arriba County, New Mexico.

Containing 0.322 of an acre, more or less.

(and)

PARCEL "B":

A certain tract or parcel of land lying and being situate within Small Holding Claim 955, Tract 1, Small Holding Claim 786; and Lot 83 (10-28-83-BLM, Survey), Section 28, Township 23 North, Range 10 East of the New Mexico Principal Meridian in the vicinity of Dixon, County of Rio Arriba, State of New Mexico and being more particularly described on plat of survey entitled "AMENDED SURVEY FOR JUANITA A. LOPEZ, THERESA D. MARTINEZ AND BARBARA A. MARTINEZ", as prepared by John P. Montoya dated February 28, 2002 and filed for record March 7, 2002 in Book X-109 at Page 7642, records of Rio Arriba County, New Mexico.

Containing 0.083 of an acre, more or less.

TOGETHER WITH ANY AND ALL WATER RIGHTS APPURTENANT HERETO IF ANY.

SUBJECT TO PATENT RESERVATIONS, RESTRICTIONS, AND EASEMENTS OF RECORD, IF ANY; EASEMENTS VISIBLE ON THE GROUND AND IN THE AIR; AND AD VALOREM PROPERTY TAXES FOR 2004 AND SUBSEQUENT YEARS.

with warranty covenants.

WITNESS our hands and seal this 1 day of June, 2005.

RIO ARRIBA
J. FRED VIGIL, COUNTY CLERK
200503997
Book 528 Page 3997
1 of 1
06/03/2005 02:11:09 PM
BY ERMA

JUANITA A. LOPEZ

BARBARA A. MARTINEZ

THERESA D. MARTINEZ



ACKNOWLEDGMENT FOR NATURAL PERSONS

STATE OF NEW MEXICO
COUNTY OF RIO ARRIBA

The foregoing instrument was acknowledged before me this 1 day of June, 2005, by JUANITA A. LOPEZ, THERESA D. MARTINEZ AND BARBARA A. MARTINEZ.

Notary Public



ALCARITA ARCHULETA

LIVING AND BEING SITUATE WITHIN SMALL HOLDING CLAIM 786, AND CLAIM 955, TRACT II, SMALL HOLDING CLAIM 786, AND TOWNSHIP 23 NORTH, RANGE 10 EAST, 10E, NEW MEXICO PRINCIPAL MERIDIAN, IN THE VICINITY OF DIAGON COUNTY OF RIO ARriba, STATE OF NEW MEXICO

Amended Survey for
Juanita A. Lopez, Thereso D. Morlinoz & Barbara A. Morlinoz

SURVEY REQUESTED BY

AMENDED SURVEY FOR

STATE OF NEW MEXICO
 DEPARTMENT OF LAND AND MINES
 DIVISION OF LAND SURVEYING
 ALBUQUERQUE, NEW MEXICO

DATE OF SURVEY: 7/20/2016
 SURVEYOR: JUANITA A. LOPEZ

THIS SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE CODES AND REGULATIONS GOVERNING SURVEYS AND THE PRACTICES OF THE SURVEYING PROFESSION IN THE STATE OF NEW MEXICO. THE SURVEYOR HAS REVIEWED THE RECORDS OF THE PUBLIC LANDS OFFICE AND HAS FOUND NO RECORDS OF INTEREST IN THIS LAND.

STATEMENT OF WORK

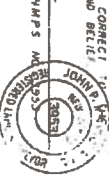
1. SURVEY THE BOUNDARIES OF THE LANDS OF THE STATE OF NEW MEXICO.
2. RECORD THE SURVEY IN THE PUBLIC LANDS OFFICE.
3. PREPARE A SURVEY MAP AND FIELD NOTES.

RECORDING INFORMATION:
 1. RECORDING OFFICE: LAND AND MINES DIVISION
 2. RECORDING DATE: 7/20/2016
 3. RECORDING NUMBER: 17775-854

CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAT IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY CONDUCTED BY ME AND UNDER MY SUPERVISION ON 07/23/16 AND 07/23/16 AND THAT THE SURVEY WAS CONDUCTED IN ACCORDANCE WITH THE STANDARDS FOR LAND SURVEYS IN NEW MEXICO, AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

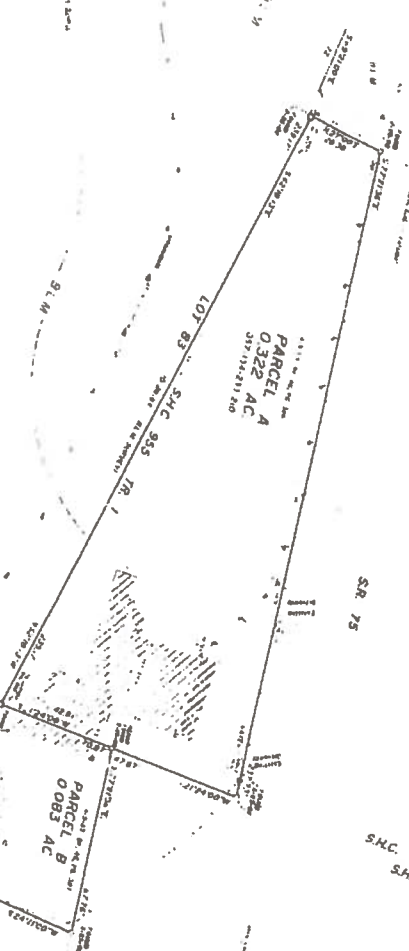
JOHN P. MONTOYA
 501 OLD HOSPITAL RD
 FARMINGTON, NM 87403
 (505) 753-4337



APPROVED:
 State Surveyor
 NEW MEXICO COUNTY
 RA-02-0-861
 ALBUQUERQUE, NEW MEXICO



VICINITY MAP

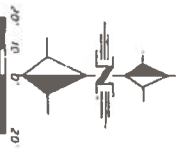


Notes on Landmarks:
 1. No. 167-12-12-12
 2. No. 167-12-287-12-12

LEGEND

- 1. USGLD BRASS CAP
- 2. USGLD BRASS CAP NOT FOUND
- 3. 1/2" REBAR SET WITH AN ORANGE PLASTIC SURVEY MARKER
- 4. DESIGNATED FENCE
- 5. VISIBLE AGONY GROUND UTILITIES SHOWN ON THE UNLESS OTHERWISE INDICATED
- 6. MERIDIAN BASED ON BEARING N21°24'00"E, S1C 955 TR 1 AND THE SOUTHWEST CORNER OF S1C 955 TR 1

SCALE: 1" = 20 FEET



PROJECT NO. 5750 - 93

ALCARITA ARCHULETA, NEW MEXICO COUNTY CLERK
 RECEPTION NO. 17775-854

Property Profile Rio Arriba County

Account: R017394 Tax Year: 2016 Account Type:
 Mill Levy: 18.685000 Version: 01/01/2016 Area ID: 55_OUT_R
 Estimated Tax: \$926.44 Parcel: 1-057-134-233-210 Map Number:
 *This mill levy is from the most recent tax roll Status: Active

Name and Address Information

ROOT, MICHAEL W.
 P.O. BOX 421
 DIXON, NM 87582

Property Location

235 STATE RD 75

Legal Description

S: 28 T: 23N R: 10E DIXON
 0.40 AC.
 SW1/4
 RECPT 220368 PLAT X-109 PG 7642
 196/338, 528/3997

Assessment Information

2016	Actual	Assessed	Sq Ft	Acres	Taxable
Land	55,303	18,434		0.400	
Improvements	93,440	31,147	1402.000		
Exempt		0			
Total	148,743	49,581		0.400	49,581
2015	Actual	Assessed	Sq Ft	Acres	Taxable
Land	55,303	18,434		0.400	
Improvements	93,440	31,147	1402.000		
Exempt					
Total	148,743	49,581			49,581

User Remarks



WARRANTY DEED

Alcarita A. Archuleta and/or Juanita A. Lopez

_____ for consideration paid, grant _____

to Alcarita A. Archuleta

whose address is 3587 Ridgeway Dr., Los Alamos, N.M. 87544

the following described real estate in Rio Arriba County, New Mexico

A certain parcel of land, bonded in the North by State Road 75, East by Mrs. Olivia Valdez, South by BLM Land, West by Jose Medina, lying and being situated within S.H.C. 955, Tr. 1, Section 28, T. 23N, R. 10 E., N.M.P.M., in the vicinity of Dixon, County of Rio Arriba, State of New Mexico, being more particularly described as follows, to wit;

Beginning at a point for the southeast corner of the property herein described and point for the southeast corner of S.H.C. 955, Tr. 1 of Section 28, T. 23 N., R. 10 E., marked with a U.S.G.L.O. Government Brass Cap;

Thence N. 62° 18' 13" W., a distance of 239.17 feet to the southwest corner;
Thence N. 27° 00' 00" E., a distance of 28.28 feet to the northwest corner;
Thence S. 77° 21' 36" E., a distance of 237.73 feet to the northeast corner;
Thence S. 21° 24' 00" W., a distance of 90.68 feet to the southeast corner,
the point and place of beginning.

Containing 0.322 of an acre, more or less.

Including residential structure.

with warranty covenants.

Witness _____ hand _____ and seal _____ this 3RD day of MAY, 1995

Juanita A. Lopez (Seal) _____ (Seal)
Alcarita A. Archuleta (Seal) _____ (Seal)

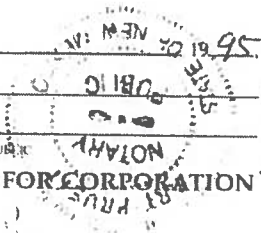
ACKNOWLEDGEMENT FOR NATURAL PERSONS

STATE OF NEW MEXICO)
COUNTY OF RIO ARRIBA) SS.

This instrument was acknowledged before me on MAY 3RD

by _____

My commission expires: 2/1/99 Art Pruitt
(Seal) NOTARY PUBLIC



117267

FOR RECORDER'S USE ONLY

FILED IN THE COUNTY CLERK'S OFFICE

AT 2:15 O'CLOCK P M

Book 182 Page 645

MAY 03 1995

DAVID S. CHAVEZ
County Clerk RA County
New Mexico

B. Charles R. Lopez Deputy

ACKNOWLEDGEMENT FOR CORPORATION

STATE OF NEW MEXICO)
COUNTY OF _____) SS.

This instrument was acknowledged before me on _____, 19____

by _____

(NAME OF OFFICER)

_____ OF _____

(TITLE OF OFFICER) (CORPORATION ACKNOWLEDGEMENT)

a _____ corporation, on behalf of said corporation.

My commission expires: _____
(Seal) NOTARY PUBLIC

OLD DEED 1995

69

NEW MEXICO UNIFORM PROPERTY RECORD CARD
RESIDENTIAL

074526
18490
Serial Dist. 45-0 Card No.

Code No. 1-057-134-233-210

County Rio Arriba

Property Address Dixon

Name Lepia
Address 3511 Saguaro Dr.
Name Mrs. Araceli
Address 3511 Saguaro Dr.
Name PO BOX 42
Address DIXON, N.M. 87527

Legal Description
0.48 Ac. SW 1/4
0.32 Ac.
0.40 Ac.

Address
Archuleta, ~~xxxxxx~~
Dixon, New Mexico 87527

Sec. 28-T23N-R10E

PROPERTY INFORMATION REC'D 2-20-68 NOTES PLAT X-109 PG 7642 Parcel #22

TOPO	STREET	LAND VALUE COMPUTATIONS AND SUMMARY				AMOUNT
		FRONT FOOT (ACRES)	DEPTH	AREA	PRICE	
Level	Asphalt					
High	Concrete					
Low	Semi Impr.					
Rolling	Dirt					
ZONING	Grub					
Res.	Sidewalk					
Apert.	IMPRO.					
Comm.	Gas					
Light Incls.	Water					
	Sewer					
	Elect.					
	Horreity	0.40				25,000
	Tillable Land	0.40				25,000
	Tillable Land					
	Pasture					
	Woodland					
	Waste Land					

APARTMENT RENT CAPITALIZATION

Gross Annual Income
Less Oper. Exp.
Net Income

RESIDENTIAL GROSS RENT MULTIPLIER

Sales Price = Rent = GRM

TAME - IT®

Tax Assessor Made Easy - Information Technology

Quick Print

Total Records: 1

					Show Map	Return
Owner's Name						
Michael W. Root						
Mailing Address				Mail City	Mail State	Mail Zip
P.O. Box 421				Dixon	NM	87582
Prop St #	Prop Street			Prop Zip	Lot	Block
235	State Rd 75			87527		
Unit	Tract	Apartment			Building	Phase
Subdivision					Section	Township
					28	23N
Range	Acre	Mapcode	Parcel ID	Year Built	Sold Date	
10E	0.4	1057134233210.00	R017394			
Deedbook	Deedpage	Tax Amount			Tax Due	Tax Paid
	7642	\$914.60				
Main Floor	Second	Third	Downstairs	Total Sq. Ft.		
0	0	0	0	1,402		
Description						
S: 28 T: 23N R: 10E DIXON 0.40 AC. SW1/4 RECPT 220368 PLAT X109 PG 76						
Description 2						
42 196/338						
Description 3						

* NEED APPLICATION
- PAT DOMINGUEZ

MY NOTE
Glenda

ATTN: GLENDA

DIXON

* REQUIRES LEACH FIELD

REPLACEMENT (MODIFICATION)

* TANK - LUCAS GOOD - 1998 EST

- EXISTING OLD LEACH FIELD

* VERIFY - ALENGO GRANDFATHER

- COUNTY - RECORDS 1990'S
(?)

PLAN STATES 1953 -

Thanks



State of New Mexico
ENVIRONMENT DEPARTMENT
 Environmental Health Division
 Liquid Waste Program



RECEIVED RECEIVED

JAN 07 2016

NMED
 Espanola Field Office

UNPERMITTED ONSITE WASTEWATER SYSTEM INSPECTION & EVALUATION FORM
 For Use by NMED in Issuing a Certificate of Registration or Permit for Unpermitted Systems

NMED
 Espanola Field Office

If installed before February 1, 2002, the entire top of the septic tank and inlet and outlet connection points must be adequately exposed for inspection.

If installed on, or after, February 1, 2002, the entire system must be adequately exposed for inspection and determined to meet all requirements of 20.7.3 NMAC.

GENERAL INFORMATION (To be completed by Owner or Owner's Representative) Please print:

Owner MICHAEL ROOT Phone 90 579-4504

Mailing Address P.O. Box 421 City DIXON State NM Zip 87582

Site Address # 275 STATERO 75 City DIXON Zip 87582

Lot Size 0.40 Is dwelling unoccupied (yes or no For how long?): NO

Number of bedrooms in dwelling: 3 Date of system installation TAKE 1998 EST LEACH FIELD 1980'S EST (?)

Business or other (describe) NONE No dwelling present at time of inspection

Has there ever been a backup in the house? Yes _____ Date(s) _____ No _____ Don't know X

Describe any known modifications made to the system ?

Date(s) of modifications _____

Describe other wastewater sources on this property: NONE

Other relevant information LEACH FIELD REPLACEMENT REQUIRED

Water: On site _____ Off site X Private _____ Shared Community water system

Location of well (address) N/A

NM State Engineer's Well Permit # N/A

Name of Realtor (if applicable) N/A Phone _____

The above information is true to the best of my knowledge.

Owner name MICHAEL ROOT Date 1/4/16

Signature [Signature] (Print) MICHAEL ROOT

* PARCEL (A) 0.382 PARCEL (B) 0.083 = 0.40

Revised July 1, 2008 * PLAT CITES 1253 - COUNTY UNABLE TO VERIFY/PROVIDE ADDITIONAL DOCUMENTS - * PROPERTY RECORDS CAN ATTACHED.

EVALUATION INFORMATION (To be completed by NMED Inspector or Installer Specialist):

ONSITE WASTEWATER SYSTEM

Installed: Prior to February 1, 2002 (NMED or Installer Specialist)

On or after February 1, 2002 _____ (NMED ONLY)

Note: If the system was installed on, or after, February 1, 2002, the system must be adequately exposed by the owner, inspected by NMED and determined to meet all requirements of 20.7.3 NMAC. If installed before February 1, 2002, it is the owner's responsibility to provide documentation that verifies the installation date.

System Type: Conventional , Alternative (list type): _____

_____ Holding tank

Design wastewater flow (GPD): 375 - 3 BEDROOM

Tank or ATS location: Latitude 36°11'46.44' Longitude 105°53'01.62" Elevation 6065

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) 2 feet; Tank size, in gallons: UNKNOWN

Tank material CONCRETE Tank manufacturer(if known) UNKNOWN Date UNKNOWN

SEPTIC TANK EVALUATION PROCEDURE:

Are there risers with covers at the ground surface? Yes ___ No; If at grade, are covers secure? Yes ___ No

(If system was constructed on or after September 1, 2005, Liquid Waste Regulations require risers to the ground surface with secure covers to be installed by a properly licensed contractor.)

Structural integrity of tank: _____ Good _____ Fair _____ Poor Unable to determine. NEVER enter a tank unless proper confined space entry procedures are followed.

Effluent filter installed: Yes ___ No (Filter required if system installed on or after September 1, 2005)

Check water level in tank, sludge and scum level, inlet and outlet tee(s), baffle wall.

Comments: RISERS NOT SEALED TO TANK; WATER AT INVERT OF OUTLET PIPE
UNABLE TO SEE INLET PIPE ENTERED FROM SIDE Baffle wall OK; OUTLET Baffle FAIR

Check approximate tank and disposal field setback distances to watercourse(s), well(s), waterline(s), structure(s), etc., note any deviation from current setback requirements.

Comments

WELL TO TANK ~50FT; WELL TO FIELD 100FT; UNLINED DITCH 130FT TANK/FIELD
UPHILL; TANK ~2FT TO WALL

ADVANCED TREATMENT SYSTEM:

Manufacturer NA Model _____ Functioning? ___ Yes ___ No

Maintenance Provider NA

Maintenance Contract Expiration date NA Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports and copy of Maintenance Contract.

Revised February 21, 2014

DISPOSAL SYSTEM:

Trench(es) Bed _____ Seepage pit(s) _____ Gravelless, Specify _____ Dosing _____
Drip _____ ET Bed _____ Split flow _____ Other _____ Dbox required _____ Dbox installed _____
Drainfield area square feet _____ Number of trenches _____ Width of trench(es) _____
Length of trench(es) _____ Depth of gravel below pipe _____ Depth of trench(es) _____
Does disposal system meet requirements of current Liquid Waste Regulations? _____ Yes _____ No _____ N/A
Does system include a pump? _____ Pump Type _____ Does pump function? _____
Additional information _____
Graywater System: _____ No _____ Yes _____ Subsurface Discharge (describe) _____

Properly installed? _____ Permitted? _____
Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

OK _____ NO; Problems: MODIFIED AT TIME OF INSPECTIONS DUE TO
REGULAR BACK UP PROBLEMS; SYSTEM PUMPED 1-2 MONTHS
DISPOSAL FIELD CHAMBERS REPLACED WITH EZ FLOW 204V

Is there: UNABLE TO VERIFY CONFIGURATION THROUGHOUT AS TRENCHES
BACKFILLED TO TOP BUNDLE EXCEPT END OF TRENCHES

- Any indication of a previous failure? Yes ___ No ___ Unknown
- Seepage visible on the lawn? ___ Yes ___ No Unknown
- Lush vegetation present? ___ Yes ___ No Unknown
- Ponding water in the aggregate? ___ Yes ___ No Unknown
- Even distribution of effluent in the fields? ___ Yes ___ No Unknown
- Any indication of runback from field? ___ Yes ___ No Unknown

CHECKLIST SUMMARY:

1) Treatment Tank or ATS is in _____ Acceptable condition Unacceptable condition.

Comments: TANK NOT PROPERLY PUMPED; UNABLE TO DETERMINE
STRUCTURAL INTEGRITY OF TANK

2) Absorption system is in _____ Acceptable condition _____ Unacceptable condition.

Comments: NEW LEACH FIELD INSTALLED

3) Pump and pump tank is in NA _____ Acceptable condition _____ Unacceptable condition.

Comments: NA

Check one

Overall liquid waste system is: ___ acceptable ___ needs partial replacement ___ needs total replacement

20.7.3 NMAC sections violated CONDITIONS OF PERMIT TO CONSTRUCT/MODIFY SYSTEM

Portion(s) of system requiring replacement POSSIBLY TANK

If the liquid waste system is found to be in satisfactory condition, or needs only repairs, and meets the Liquid Waste Disposal Regulations in effect at the time of installation or latest modification, and the appropriate fee and penalty, if applicable, are paid, a Certificate of Registration for continued operation may be issued by NMED. If partial or total replacement or modification is needed, a Modification Permit may be issued by NMED if the appropriate fee and penalty, if applicable, are paid.

NMED Inspector or Installer Specialist Name GLEND A FRED-WEA HKEE

(Print)

Field Office ESPANOLA

Signature Glenda Fred-Weahkee Date 1/29/2016

This report shall not 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 future operation of the septic system, NMED disclaims any warranty of continued operation, either expressed or implied, arising from the evaluation of the wastewater system in this report.

Good day,

Yes we did visit the site while the tank was pumped. The inlet compartment appeared to be ok however there were still solids in the outlet compartment and were not able to visually inspect the entire interior of the tank. I will condition the modification permit with a 24 hour water tightness test and pumping required to accomplish inspection/evaluation of the entire tank including second outlet compartment. Assuming tank passes it will require inlet T below manhole, filter on outlet baffle and risers to grade.

The Liquid Waste Specialist, Mr. William Brown, indicated that you are allowed to replace the existing leach field with a conventional leach field because he was able to confirm with Rio Arriba county that the house existed on the property since 1955 although neither Mr. Brown nor you were able to provide documentation with a date of plat prior to 1970.

The permit has been approved for modification but requires the \$50.00 permit fee paid prior to construction. Please let me know if you have any further questions.

Glenda Fred-Weahkee
NMED EHB District II - Espanola
Office: (505) 753-7256
Cell: (505) 449-8478

From: JC Systems, Inc. [jcseptictank@gmail.com]
Sent: Tuesday, January 19, 2016 9:08 AM
To: Fred-Weahkee, Glenda, NMENV
Subject: 735 SR 75

Glenda,

The homeowner said you went by and looked at the tank. Was everything ok? Is it possible to get the permit? Let me know.

Pat

--
JC Systems, Inc.
505-471-1831

Good day,

Per our phone conversation I have been advised by my superiors to cancel the inspection for today due to the fact that the tank was pumped. Please see email below and attached NMED LW SOP. We can reschedule when the tank is full either by filling with water or waiting for the tank to refill due to regular use.

Thank you,

Glenda Fred-Weahkee
NMED EHB District II - Espanola
Office: (505) 753-7256
Cell: (505) 449-8478

From: Brown, William, NMENV
Sent: Friday, January 15, 2016 8:57 AM
To: Fred-Weahkee, Glenda, NMENV; Vincent, James, NMENV
Cc: Valdez, Joseph, NMENV; Italiano, Robert, NMENV
Subject: RE: 735 SR 74

Hi Glenda,

I recommend that you cancel the inspection for today. Because JC Septic Tank Co. is not an Installer Specialist, we (NMED) are the ones who actually perform the inspection of this system. According to the attached SOP for unpermitted systems, the septic tank should not be opened until NMED arrives to do the inspection, and NMED must be able to observe the septic tank when the water level is at normal operating level.

If JC Septic Tanks Co. is saying that the tank was overflowing yesterday and they had to have the tank pumped, then we need to reschedule the inspection to a time when the tank is at normal operating level. They can either fill the tank with water or wait until the tank fills through normal use. Please refer to item 8 in the attached SOP for details.

Have them contact me if there are any questions.

Thanks,

Bill Brown

From: Fred-Weahkee, Glenda, NMENV
Sent: Thursday, January 14, 2016 4:06 PM
To: Brown, William, NMENV; Vincent, James, NMENV
Cc: Valdez, Joseph, NMENV
Subject: FW: 735 SR 74

FYI.

From: JC Systems, Inc. [jcseptictank@gmail.com]
Sent: Thursday, January 14, 2016 3:27 PM
To: Fred-Weahkee, Glenda, NMENV

Just received the application for the unpermitted liquid waste system inspection for Root in Dixon.
Please see attached.

Glenda Fred-Weahkee
NMED EHB District II - Espanola
Office: (505) 753-7256
Cell: (505) 449-8478

From: JC Systems, Inc. [jcseptictank@gmail.com]
Sent: Wednesday, January 13, 2016 2:35 PM
To: Fred-Weahkee, Glenda, NMENV
Subject: 235 SR 75 permit

Friday at 10:30 - 11:00. Thanks Glenda.

--

JC Systems, Inc.
505-471-1831



THE STATE OF NEW MEXICO
 FIELD OPERATIONS DIVISION
 ONSITE LIQUID WASTE
 SYSTEM INSPECTION



COMMENTS / VIOLATIONS CONTINUED

Page No. ____

System Owner's Name ROOT, MICHAEL	NMED Permit No ES16-0008
System Location	
Installer's Name & Company JC SEPTIC - CANCELLED UNPERMITTED LW SYSTEM INSPECTION/REGISTRATION	
Inspector GLENDIA FRED-WEAHLKEE w/ PETER GARCIA	Inspection Date 1/15/2016

Comments Violations
**SCHEDULED UNPERMITTED LIQUID WASTE SYSTEM
 INSPECTION CANCELLED DUE TO PUMPING OF
 SYSTEM PRIOR TO INSPECTION. MET WITH OWNER
 TO ACCESS SITE. INLET COMPARTMENT APPEAR
 OK BUT OUTLET COMPARTMENT HAD SLUDGE
 TO ~1 FT BELOW OUTLET PIPE AND UNABLE TO
 DETERMINE STRUCTURAL INTEGRITY**



**MIDDLE BAFFLE WALL; SOLID SEWAGE IN
 OUTLET COMPARTMENT OF TANK**



EXPOSED INLET PIPE: SIDE ENTRY



OUTLET BAFFLE COMPARTMENT



INLET COMPARTMENT MOSTLY EMPTY ~1 INCH WATER



EXPOSED OUTLET PIPE

Witness: FOR FILE	Inspector's Signature: <i>Glendia Fred-Weahlkee</i>
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THE STATE OF NEW MEXICO
 FIELD OPERATIONS DIVISION
 ONSITE LIQUID WASTE
 SYSTEM INSPECTION



COMMENTS / VIOLATIONS CONTINUED

Page No. ____

System Owner's Name ROOT, MICHAEL	NMED Permit No ES16-0008
System Location	
Installer's Name & Company JC SEPTIC	
Inspector GLEND A FRED-WEAHEE	Inspection Date PCS RECEIVED 2/1/2016

Comments Violations



120V CONFIGURATION AT BEGINNING OF FIRST TRENCH NEAR ROAD



PIPING LEADING FROM D-BOX TO DISPOSAL FIELD



HANDLE ON IN-LINE FILTER



CORRECTED SWEEP ON INSPECTION POINT



Witness:
FOR FILE

Inspector's Signature:
Glenda Fred-Weahkee



STATE OF NEW MEXICO
 ENVIRONMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
ONSITE LIQUID WASTE SYSTEM INSPECTION



Revised 07/08

NMED Permit No: ES16-0008 Applicant's Name ROOT, MICHAEL

Address 235 NM 75 DIXON NM

Type of Inspection: INITIAL FINAL REINSPECTION COMPLAINT OTHER

1. BUILDING SEWER

- a. N/V Correct Size and Material 20.7.3.813.C
- b. ✓ Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813.B
- c. EX Pipe at Correct Grade (1/8" to 1/4" per foot) 20.7.3.813.A

2. PRE-TREATMENT

- a. NA Type: _____
- b. NA Installed as per Plans or Manufacturer's Instructions 20.7.3.401.1
- c. NA Other: _____

3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT

- Type Concrete Plastic/Fiberglass Sec./Tert. Treatment Unit
- a. EX Located as per Site Plan 20.7.3.401.1
 - b. EX Correct Setbacks 20.7.3.302, Table 302.1 ~2 FT TO WALL
 - c. EX Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4 NO LABEL
 - d. EX Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7
 - e. _____ Inlet / Outlet Pipes Sealed & Watertight
 - f. EX Inlet / Outlet Baffle or Tee with Branch Extending 12" Minimum Below Liquid Level
 - g. ✓ Effluent Filter Installed, Riser to Grade
 - h. EX Tank & Fittings Correctly Vented
 - i. EX Concrete Tank: Coated & Material Correct OR Type V Concrete
 - j. ✓ Outlet Pipe Correct Size & Material
 - k. EX Manholes Correctly Sized & Located
 - l. _____ Manhole Risers at Grade, Diameter, Secure Lids & Coated
 - n. EX Tank Installed per Manufacturer's Instructions
 - n. NA Advanced Treatment Unit Installed per Manufacturer's Instructions
 - o. NA Water Tightness Test Conducted
 - p. NA Water Softener Discharge Bypassing ATU
 - q. NA Other: _____

4. SURGE, PUMP AND HOLDING TANKS

- Type Surge Tank Pump Tank Holding Tank Other
- a. NA Correct Size
 - b. NA Inlet/Outlet Sealed Correctly
 - c. NA Pump(s) & Alarms installed on separate circuits, properly set and located
 - d. NA Manholes, Risers, Lids Correct and Water Tight

5. TEE/DISTRIBUTION BOX/HEADER

- a. ✓ 4" Diameter
- b. NA Tee Level/Header
- c. ✓ "D" Box Level and on Concrete Slab or Stable Soil
- d. ✓ "D" Box Inlet Baffled and 1" Above Outlets
- e. ✓ "D" Box Outlets at Same Height; Equal Flow to Outlets
- f. ✓ Tee or "D" Located a Min. of 5' From Disposal Field.
- g. NA Other: _____



6. DISPOSAL TRENCH OR BED

- Type Trench Chamber Bed Seepage Pit(s) Other
- a. ✓ Soil Type Verified
 - b. NI Correct Clearance to Ground Water or Limiting Layer

Additional comments: 1204 V 60+50=110 FT 11 UNITS
50 FT WELL TO TANK; 100 FT WELL TO FIELD; +30 FT DIRT
TO FIELD; UNABLE TO DETERMINE INTEGRITY OF TANK
OUTLET COMPARTMENT PUMPED TO 1-1.5 FT BELOW OUTLET PIPE

- c. ✓ Correctly sized disposal area
 - d. ✓ Correct Setbacks
 - e. ✓ Excavation at Correct Grade
 - f. ✓ Correct Spacing Between Trenches or Beds
 - g. ✓ Smearing Soils Not Present on Trench or Bed
 - h. ✓ Correct Aggregate; Type, Size, Clean and Amount
 - i. ✓ Correct Depth of Aggregate Above and Below Pipe
 - j. ✓ Correct Pipe; 2-hole, 4" Minimum Diameter, End Caps
 - k. ✓ Aggregate Covered with Approved Material
 - l. NA Pipe Covered with Geotextile Fabric in Place of Aggregate
 - m. ✓ Inspection Port(s), Capped
 - n. NA Other: _____
- Seepage Pits:**
- a. NA Underside of lid coated; riser provided as required
 - b. NA Domed covers covered with minimum 2" concrete
 - c. NA Brick or block laid end to end with staggered tight joints
 - d. NA Side wall inlet properly vented
 - e. NA Inlet/outlet fittings sealed
 - f. NA Locking or secured lid

Other Disposal Methods:

- a. NA Type: _____
- b. NA Installed per Plans or Manufacturer's Instructions
- c. _____ Other: _____

7. ON-SITE WELL MEASUREMENTS

- a. NT Nitrate-N: _____ (mg/L)
- b. NT Iron: _____ (mg/L)
- c. NT Fluoride: _____ (mg/L)

8. GIS COORDINATES

Well: lat _____ long _____
 Elev _____
 Sys: lat 36°11'46.44" long 105°53'01.62"
 Elev 6065

COMMENTS/VIOLATIONS

- Continued on attached Sheet(s)
- INSPECTION PORT CONNECTED WITH SWEEPING TEE INSTALLED WRONG
- NO HANDLE ON FILTER
- RISERS NOT SEALED TO TANK
- Installation Approved
- Installation Approved w/conditions (See Comments/Violations)
- Installation Not Approved (See Comments/Violations)

10. Final Approval

- Granted Not Granted

NMED Inspector, _____ Date _____

I certify that this liquid waste system was installed in accordance with the permit approved by NMED, unless otherwise noted in Comments Section above.

Installer, _____ Date _____

OK - If installed and meets Requirements	A/P - As Proposed	
N/I - Not inspected	N/V - Not Verified	
N/C - Not Compliant	N/T - Not Tested	EX - Existing
N/A - Not applicable		

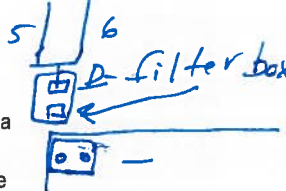


STATE OF NEW MEXICO
 ENVIRONMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
ONSITE LIQUID WASTE SYSTEM INSPECTION
 Revised 07/08



POSTED

NMED Permit No: ES16-0008 Applicant's Name Root, Michael
 Address 235 NM Dixon, NM
 Type of Inspection: INITIAL FINAL REINSPECTION COMPLAINT OTHER



1. BUILDING SEWER

- a. EX Correct Size and Material 20.7.3.813.C
- b. ↓ Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813.B
- c. ↓ Pipe at Correct Grade (1/8" to 1/4" per foot) 20.7.3.813.A

2. PRE-TREATMENT

- a. NA Type: _____
- b. ↓ Installed as per Plans or Manufacturer's Instructions 20.7.3.401.1
- c. ↓ Other: _____

3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT

- Type Concrete Plastic/Fiberglass Sec./Tert. Treatment Unit
- a. EX Located as per Site Plan 20.7.3.401.1
 - b. EX Correct Setbacks 20.7.3.302, Table 302.1 → 2ft to well
 - c. EX Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4
 - d. EX Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7
 - e. EX Inlet / Outlet Pipes Sealed & Watertight
 - f. EX Inlet / Outlet Baffle or Tee with Branch Extending 12" Minimum Below Liquid Level
 - g. OK Effluent Filter Installed, Riser to Grade
 - h. EX Tank & Fittings Correctly Vented
 - i. EX Concrete Tank: Coated & Material Correct OR Type V Concrete
 - j. EX Outlet Pipe Correct Size & Material
 - k. EX Manholes Correctly Sized & Located
 - l. NV Manhole Risers at Grade, Diameter, Secure Lids & Coated
 - m. EX Tank Installed per Manufacturer's Instructions
 - n. NA Advanced Treatment Unit Installed per Manufacturer's Instructions
 - o. NA Water Tightness Test Conducted
 - p. NA Water Softener Discharge Bypassing ATU
 - q. Other: _____

4. SURGE, PUMP AND HOLDING TANKS

- Type Surge Tank Pump Tank Holding Tank Other
- a. NA Correct Size
 - b. NA Inlet/Outlet Sealed Correctly
 - c. NA Pump(s) & Alarms installed on separate circuits, properly set and located
 - d. NA Manholes, Risers, Lids Correct and Water Tight

5. TEE/DISTRIBUTION BOX/HEADER

- a. OK 4" Diameter
- b. NA Tee Level/Header
- c. OK "D" Box Level and on Concrete Slab or Stable Soil
- d. OK "D" Box Inlet Baffled and 1" Above Outlets
- e. OK "D" Box Outlets at Same Height; Equal Flow to Outlets
- f. OK Tee or "D" Located a Min. of 5' From Disposal Field.
- g. Other: _____

6. DISPOSAL TRENCH OR BED

- Type Trench Chamber Bed Seepage Pit(s) Other
- a. OK Soil Type Verified
 - b. NI Correct Clearance to Ground Water or Limiting Layer

Additional comments: Inspection done previously verified most items listed above

Insure Risers Installed on tank →

OK - If installed and meets Requirements	A/P - As Proposed	
NI - Not inspected	N/V - Not Verified	
N/C - Not Compliant	N/T - Not Tested	EX - Existing
N/A - Not applicable		

- c. OK Correctly sized disposal area
 - d. OK Correct Setbacks
 - e. OK Excavation at Correct Grade
 - f. OK Correct Spacing Between Trenches or Beds
 - g. OK Smearred Soils Not Present on Trench or Bed
 - h. NA Correct Aggregate; Type, Size, Clean and Amount
 - i. ↓ Correct Depth of Aggregate Above and Below Pipe
 - j. ↓ Correct Pipe; 2-hole, 4" Minimum Diameter, End Caps
 - k. ↓ Aggregate Covered with Approved Material
 - l. ↓ Pipe Covered with Geotextile Fabric in Place of Aggregate
 - m. OK Inspection Port(s), Capped
 - n. NA Other: _____
- Seepage Pits:**
- a. NA Underside of lid coated; riser provided as required
 - b. NA Domed covers covered with minimum 2" concrete
 - c. NA Brick or block laid end to end with staggered tight joints
 - d. NA Side wall inlet properly vented
 - e. NA Inlet/outlet fittings sealed
 - f. NA Locking or secured lid

Other Disposal Methods:

- a. NA Type: _____
- b. NA Installed per Plans or Manufacturer's Instructions
- c. Other: _____

7. ON-SITE WELL MEASUREMENTS

- a. NT Nitrate-N: _____ (mg/L)
- b. NT Iron: _____ (mg/L)
- c. NT Fluoride: _____ (mg/L)

8. GIS COORDINATES

Well: lat _____ long _____
 Elev _____
 Sys: lat 36° 11' 46.44" long 105° 53' 01.62"
 Elev 6065

9. COMMENTS/VIOLATIONS

- Continued on attached Sheet(s)
- 38 - Verified tank condition as acceptable tank was pumped, ~~in~~ good condition
- Risers Not Installed yet
- Installation Approved
- Installation Approved w/conditions (See Comments/Violations)
- Installation Not Approved (See Comments/Violations)

10. Final Approval

- Granted Not Granted

Joseph Valle 2/5/16
 NMED Inspector, Date

I certify that this liquid waste system was installed in accordance with the permit approved by NMED, unless otherwise noted in in Comments Section above.

2-8-16
 Installer, Date