



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



ONSITE WASTEWATER SYSTEM EVALUATION FORM
 For Use Prior to, or Upon, Transfer of Ownership of a Permitted System

GENERAL INFORMATION (To be completed by Owner or Owner's Representative): *REQUIRED INFORMATION

*Owner Cesare Cirillo Phone 575-387-5723

*Mailing Address PO Box 328 City Mora State NM Zip 87732

*Site Address Tract 14 North Star Trail Lot Size 14.92 acres

Property location: Township 21N Range 16E Section/Qtr 18

Subdivision Twin Pines Unit No. _____ Block No. _____ Lot No. _____

Uniform Property Code 109124 132 170

*Liquid Waste Permit No. LV0500100 Date of Permit 08-17-05 Permit for 3 Bedrooms

(If no liquid waste permit exists contact NMED)

Is dwelling unoccupied? Yes No - For how long?: 5 yrs. Number of bedrooms currently in dwelling: 3

Number of people occupying the dwelling: Currently 1 Anticipated 2

Original septic system? Yes No Is there a garbage disposal? Yes No unk

Date of system installation 08-16-05 date tank was last pumped _____

Has there ever been a backup in the house? Yes No Don't know

List any known repairs made to the system _____

Has another company inspected the system recently? unk

If so, did it fail? _____ Yes _____ No

Are there other wastewater sources on this property? Yes No Describe: _____

Other relevant information _____

DRINKING WATER SOURCE:

County Well Permit No. CR 04292 New Mexico State Engineer's Well Permit No. CR 04292

On site Off site _____ Private Shared _____ Community water system name _____

Location of well (address) Tract 14 North Star Trail

Name of Realtor (if applicable) Page Sullivan Phone 575-758-7890

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

*Owner name (Print) Cesare Cirillo *Date 07-11-2011

*Signature Juan Galic for Page Sullivan

NOTICE TO OWNER OR AGENT: 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 effect the proper operation of a septic system,

* Ernest's Plumbing (Evaluating Company or Individual) disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.

EVALUATION INFORMATION (To be completed by System Evaluator): * REQUIRED INFORMATION

*Evaluating Company Ernest's General Plumbing + Excavating

*System Evaluator ERNEST N GONZALES
(Print)

*CID License Type (circle one) MM98 MM01 MS03 MS01 License No. 11416

*NAWT Registration No. _____ Expiration Date _____ Phone 575-758-7313

*Signature Ernest N. Gonzales Date 7/19/11

ONSITE WASTEWATER SYSTEM

*System Type: Conventional Alternative _____ (type): _____

*Holding Tank N/A, (a 60-minute leak test must be performed) *Water tight? _____ Yes _____ No

*Holding Tank high water level alarm in place? _____ Yes _____ No, *functioning? _____ Yes _____ No

*Design wastewater flow to system (GPD): 375

*Tank Latitude 36.04614 *Tank Longitude 105.29334 *Tank Elevation 7174 ft
(Lat/Long to be in decimal degrees to five decimal places - 000.00000)

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) At ground level

*Size, in gallons: 1000 *Tank material Concrete Tank manufacturer Seppo Date 2005

SEPTIC TANK EVALUATION PROCEDURE:

Located, accessed, and opened the tank covers. *If at grade, are covers secure? Yes _____ No

*Are there risers with covers at the ground surface? _____ Yes _____ No, (If system was permitted after September 1, 2005 Liquid Waste Regulations require risers to the ground surface with secure covers to be installed by a properly licensed contractor.)
On re-inspection, were risers with secure covers installed? _____ Yes _____ No.

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

____ Yes No - Pumped out tank, listened and observed for backflow into the tank from the outlet pipe. Caution: Do not pump treatment tank if there is evidence of a malfunction in any portion of the system.

Results: Comment below in Checklist Summary.

Pumping Company Name _____
Approximate gallons pumped _____ Date pumped _____

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

*Effluent filter required: _____ Yes No In place? _____ Yes _____ No Cleaned? _____ Yes _____ No
(Effluent filter required if system permitted after September 1, 2005)

*Check approximate tank and disposal field setback distances to watersource(s), well(s), waterline(s), structures, etc.

Note setback distances All set backs are met House sits on 14 acres

Determine approximate distance between water well and soil absorption system.

*Approximate distance is 180 feet.

*Does the system contain a dosing or pump tank? Yes No If Yes,

N/A Yes No Does the pump work?

N/A Yes No Is the integrity of tank acceptable (cracks, infiltration, etc.)?

N/A Yes No Is the pump elevated off the bottom of the chamber?

N/A Yes No Is there a check valve and a purge hole?

N/A Yes No Is there a high water alarm?

N/A Yes No Does the alarm work?

N/A Yes No Do electrical connections appear satisfactory?

Explanation of answers, if necessary: _____

*ADVANCED TREATMENT SYSTEM: N/A

Manufacturer _____ Model _____ Functioning? _____

Maintenance Contractor _____

Maintenance Contract Expiration date _____ Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports. (NOTE: New owner of ATS must submit a copy of a maintenance contract in his or her name to NMED, upon transfer of ownership. ATS ownership transfer required within 10 days of property closing.)

DISPOSAL SYSTEM:

*Trench(s) _____ Bed _____ Seepage pit(s) _____ Gravelless, Specify Infiltrator HC Dosing _____
Drip _____ ET Bed _____ Other _____ Dbox required _____ Dbox installed _____

Drainfield area square feet 600 Number of trenches 2 Width of trench(es) 3ft

Length of trench(es) 60ft Depth of stone below pipe N/A Depth of trench(es) 3 to 4ft

Does system include a pump? Yes No Pump Type _____

Additional information _____

*Graywater System: Yes No Surface Discharge? Yes No

Properly installed? _____ Permitted? _____

Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

Probe the drainage area to determine its location and to check for excessive moisture, odor, and/or effluent:

Revised July 1, 2008 Owner Name Cesare Cirillo Permit No. LV0500100 Page 3 of 4

*OK Problems: _____

Is there:

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

***CHECKLIST SUMMARY:**

- 1) Treatment Tank or ATU is in Acceptable ___ Unacceptable condition.
Comments: Water level was at bottom of outlet pipe tank did not need to be pumped
- 2) Absorption system is in Acceptable ___ Unacceptable condition.
Comments: Did flow test Ran about 75-100 gals of water into system no indication of back-up
- 3) Pump and pump tank is in N/A Acceptable ___ Unacceptable condition.
- 4) Holding Tank is in N/A Acceptable ___ Unacceptable condition.
- 5) Alternative Treatment System is in N/A Acceptable ___ Unacceptable condition.
Comments: _____

An application for a permit for needed modifications must be submitted within 15 days of this evaluation. Contact NMED for an appropriate permit for modifications. The replacement of the tank or disposal system is a modification.

IF EXISTING SYSTEM HAS NO PERMIT, CONTACT THE LOCAL NMED OFFICE.

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,

* Ernest's Plumbing (Evaluating Company or Individual) disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system in this report.

The NEW MEXICO STATE ENVIRONMENT DEPARTMENT may verify the above information, by inspection if necessary.

Return completed form with all required documents to the local NEW MEXICO STATE ENVIRONMENT DEPARTMENT Field Office. This form is valid for 180 days after the date given by the System Evaluator.

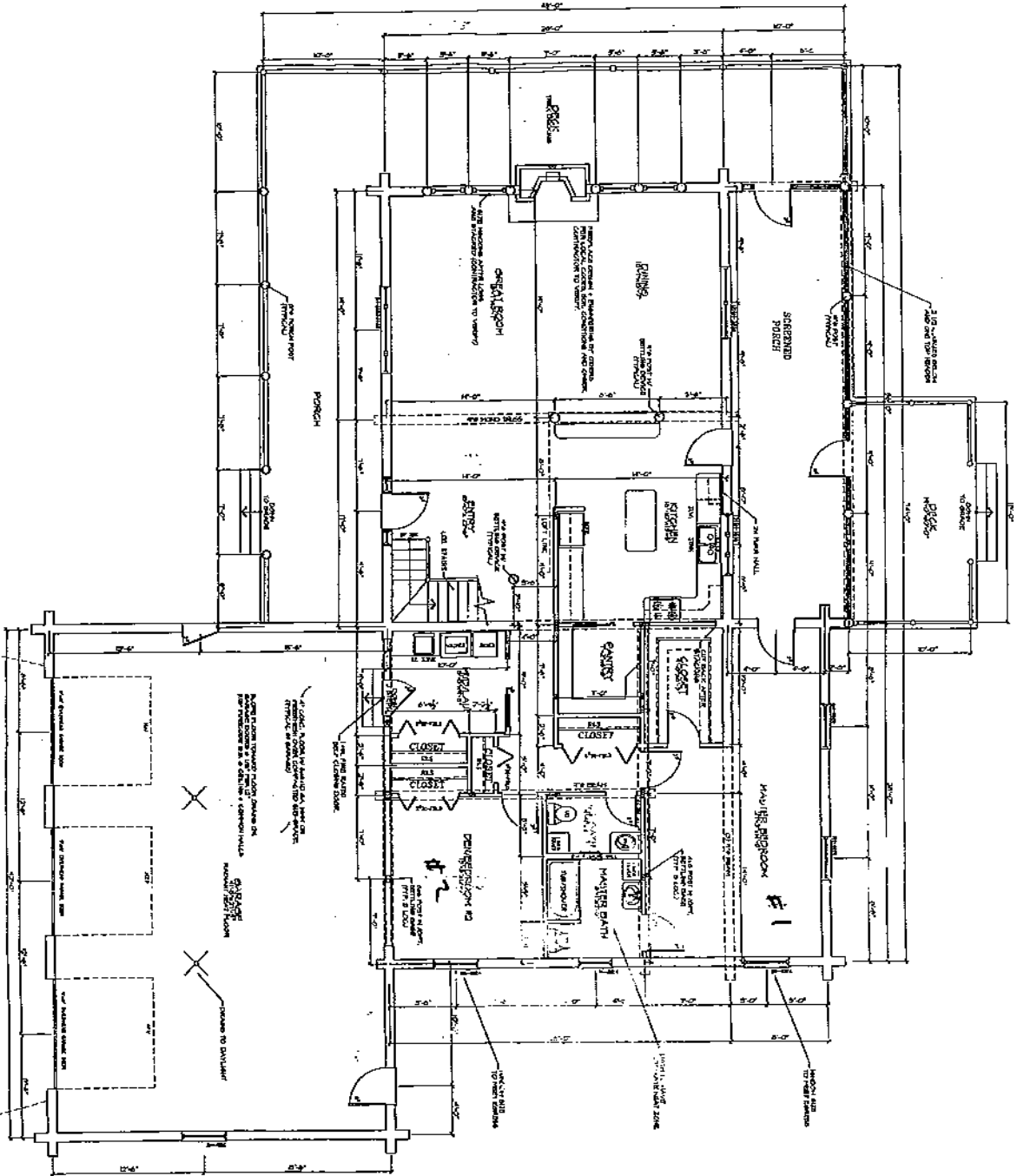
NMED Review: _____ Accepted _____ Not Accepted _____ Repairs Required

_____ Modification Required, describe _____ Repairs/Mods Completed Satisfactorily

Reviewed by: _____ Date _____

NOTE: OWNER HAS AVOIDED BUILDING OF WALLS ON THE SIDE OF HOUSE TO ALLOW FOR EXPANSION TO THE SOUTH. ALL MEASUREMENTS ARE TO THE CENTERLINE OF WALLS UNLESS NOTED OTHERWISE.

MAIN FLOOR PLAN



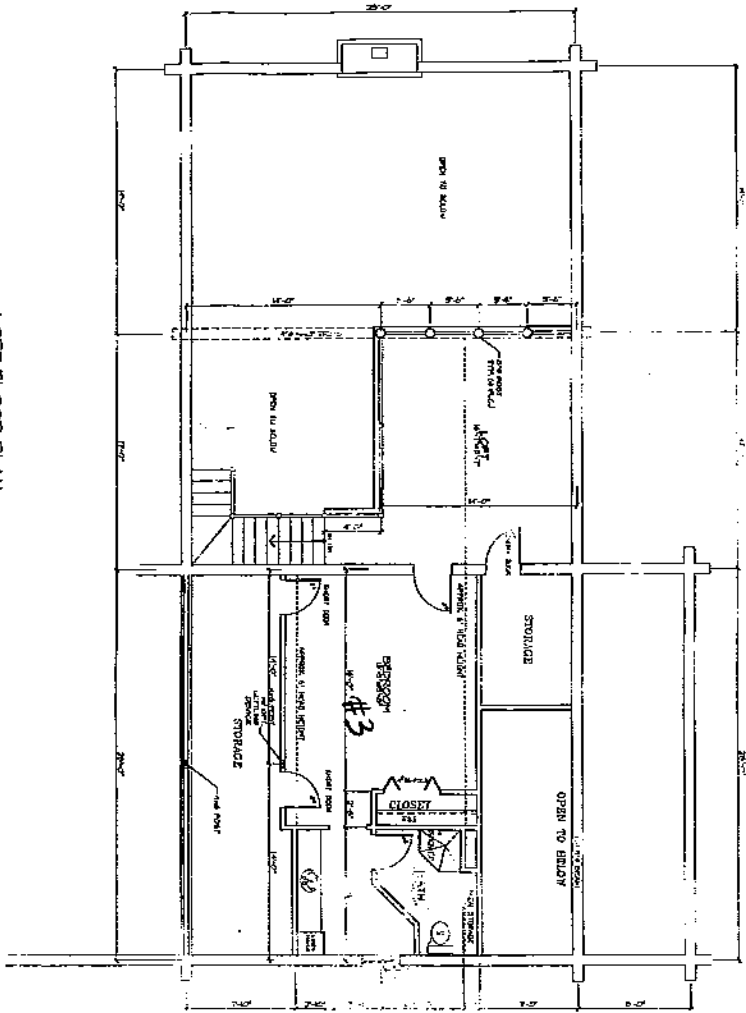
CONSTANT AREA

REAR PORCH SCREENED PORCH PERGOLA

SCALING RECOMMENDED TO SCALE TOTAL AREA TO BE THE SAME AS SHOWN ON THE ARCHITECTURAL DRAWING. SCALE: 1/8" = 1'-0" ALL DIMENSIONS ARE TO THE CENTERLINE OF WALLS UNLESS NOTED OTHERWISE.

NOTE:
 1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 3. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 4. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.

LOFT FLOOR PLAN



OWNER'S FOOTPRINT
 OWNER'S ROOM AND BATH
 OWNER'S CLOSET
 OWNER'S STORAGE
 OWNER'S LOFT

ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.

New Mexico Statutory Form
Rev. 5-75
416
Escrow #00022177

WARRANTY DEED

Mark A. Tidwell and Donna Tidwell, Husband And Wife for consideration paid, grant
to Cesare S. Cirillo, A Single Man
whose address is 5440 Amboy Road Staten Island, Ney York 10312
the following described real estate in Mora County, New Mexico:

Tract Fourteen (14), Twin Pines Subdivision, Mora County, New Mexico, which plat was filed
in the Office of the County Clerk, Mora County, New Mexico on June 23, 1975 at 1:45 p.m. as
plat no. 34-B.

Subject to: Reservations, restrictions, easements of record & taxes for 2000 and subsequent
years.

with warranty covenants.

WITNESS our hands and seals this 23 day of August, 2000

Mark A. Tidwell
Mark A. Tidwell

(Seal)

Donna Tidwell
Donna Tidwell

(Seal)

N/A

(Seal)

N/A

(Seal)

ACKNOWLEDGMENT FOR NATURAL PERSONS

STATE OF Texas }
COUNTY OF Subbuck } ss.

The foregoing instrument was acknowledged before me this 23 day of August 2000
by Mark A. Tidwell and Donna Tidwell
(Name or Names of Person or Persons Acknowledging)

My commission expires: 4-7-2004
(Seal)

Dora L Sandoval

Notary Public



STATE OF NEW MEXICO
COUNTY OF MORA

I hereby certify that this instrument was filed
for record on the 28 day of Aug A.D., 2000
at 2:30 o'clock P m. and was duly recorded
in Book 81 of the records of Deed page 416

Witness my Hand and Seal of Office

Charlotte P. Duran
County Clerk, Mora County, N.M.

Sandra Romero
Deputy



ILR SURVEY OF A PARCEL OF LAND SITUATE IN THE COUNTY OF MORA, AND STATE OF NEW MEXICO, BEING LOT NO. 14 OF TWIN PINES SUBDIVISION.

CERTIFICATION:

I, TERRENCE W. O'BRIEN, CERTIFY THAT THIS MAP WAS PREPARED ON APRIL 4, 2006, USING REFERENCE MATERIAL AS LISTED HEREON, AND NOTES OF ILR SURVEY COMPLETED ON MARCH 29, 2006. THIS PARCEL IS SUBJECT TO ANY ENCUMBRANCES OR EASEMENTS OF RECORD. THIS CERTIFICATION IS MADE TO:

- 1.) CESARE S. CIRILLO
- 2.) TERRITORIAL TITLE OF LAS VEGAS

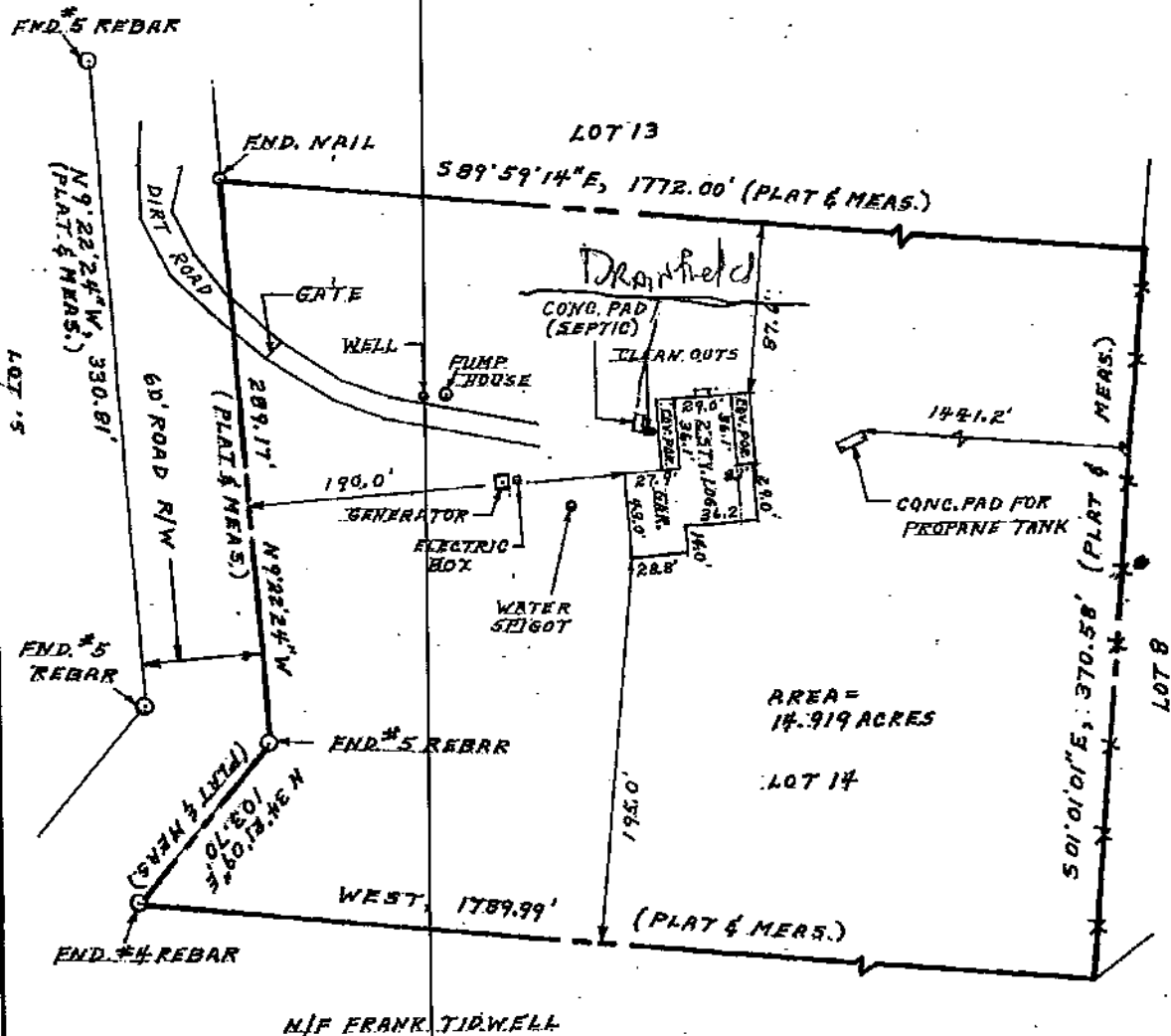
Terrence W. O'Brien

TERRENCE W. O'BRIEN, NMPS 12801

REFERENCES:

- 1.) PLAT OF TWIN PINES SUBDIVISION, FILED JUNE 23, 1975 AS PLAT NO. 34B.

THIS IS NOT A SURVEY FOR USE BY A PROPERTY OWNER FOR ANY PURPOSE.



	OBRA	SCALE: 1" = 60'
	LAND SURVEYING	DATE: 4-04-06
6329 LOFTUS AVENUE, N.E. ALBUQUERQUE, N.M. 87109 CELL: 505-362-2096		



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: 4003020

NMED Inspection Required No Yes, Call

for Appointment Date NMED Received: 8/12/05

SYSTEM OWNER'S NAME: Just First, M.L. Cicillo Home Phone: 505-308-5000 Business Phone: 505-308-5000

MAILING ADDRESS: Street/PO Box, City, State, Zip Code
PO Box 308 Wirta WY 87732

SYSTEM LOCATION: Street Address/Location - give directions to site
Lumble Canyon Wirta

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE
21N 16E 18 24

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE

INSTALLER'S NAME & FIRM: Sofins P/B. Anos A. Romero PHONE: 505-387-5327

MAILING ADDRESS: Street/PO Box, City, State, Zip Code
PO Box 308 Holman WY 87723

CID License No./Certification MM-1 (MM-58) MS-1 MS-3 Homeowner

I. PERMIT APPLICATION (Instructions on back of pink copy)

A. Proposed Liquid Waste System is for: New construction
 Replacement of an existing system

B. Manufactured Housing (mobile) Yes No

C. Proposed System is: Conventional Mound Holding Tank
 Evapotranspiration Other Describe: _____

II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)

A. Proposed liquid waste system use and design flow:
 Single family residence with 3 no. of bedrooms 375 gpd

Multiple family units; ___ no. of units; ___ no. bedrooms per unit
Other (type): _____ Flow sizing units _____ gpd

B. Are there other sewage sources on this property? Yes No

TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION

A. Lot Size: 1499 Acres Date of Report: 1-1-05
(nearest 0.01 acre) (Plat Date or Subdivision Date)

B. Depth from Ground Surface to:
Seasonal High Water Table 40 ft feet
Bedrock, Caliche, Tight Clay 20 ft feet
Gravel, Cobbles, Highly permeable soil 40 ft feet

C. Soil Description: (NMED may require both texture description and percolation rate)
Texture: _____
Coarse sand or gravel: (give percolation rate below) _____
Sand: (give percolation rate below) _____ Fine Sand _____
 Sandy Loam; _____ Loam; _____ Silty Loam; _____
Clay Loam; _____ Clay; _____
Other (describe): _____

Soil Percolation Rate: 20 min/finch (attach percolation test record)

D. Domestic Water Source: On-site Off-site:
 Private Public Shared
Irrigation Well or Flood Irrigated Area on the lot: Yes No

IV. SYSTEM DESIGN

A. Treatment Unit:
 Septic Tank Capacity 1000 Gallons
Manufacturer: Sepco Certification No.: _____
Other (specify): _____

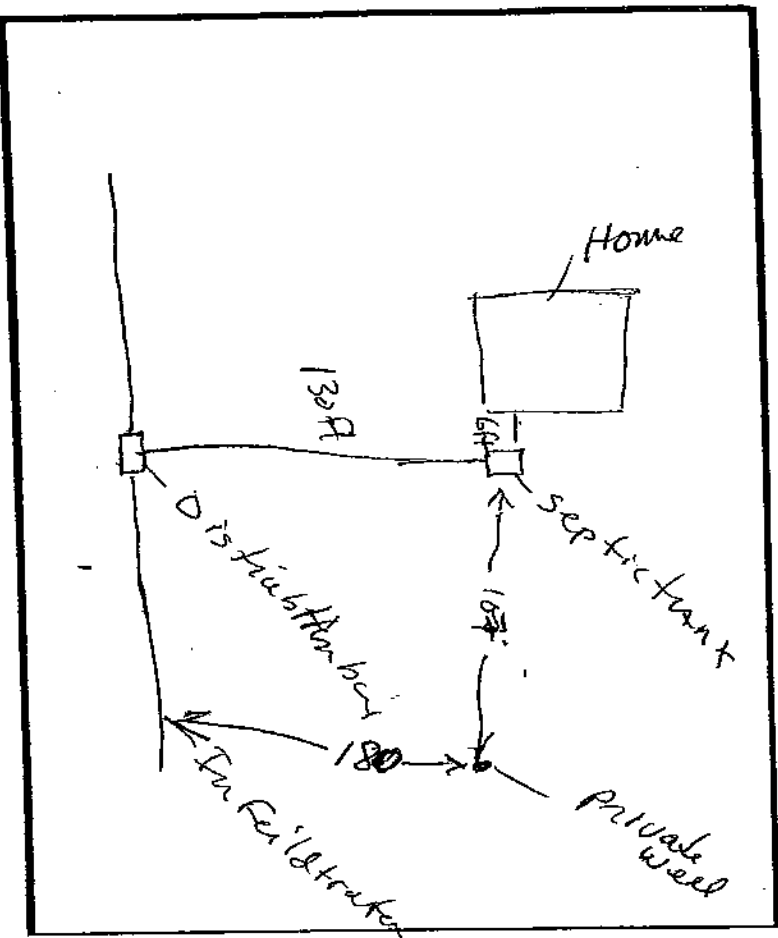
B. Disposal System: Trench Bed Seepage Pit Mound
Evapotranspiration _____ Other, specify: _____
Materials: _____ Pipe and gravel Gravelless (specify) 1/2" x 1/2"

C. Minimum required absorption area 536 square feet
Trench or Bed width 3' Gravel depth below distribution pipe _____ ft.
Total Trench or Bed length 130' Number of trenches: 2
Number of gravelless units 20 ft

D. Depth from ground surface to bottom of absorption area 3-4 ft.

V. **SITE PLAN:** Diagram the lot and liquid waste system. Show setbacks to the objects listed below within 200 feet of system and the direction of groundwater flow. Give distances from:

Treatment Unit to:	Disposal System to:
100+ ft. Property line	100+ ft.
100+ ft. Property line	100+ ft.
15 ft. Buildings	180 ft.
15 ft. Structures	180 ft.
100+ ft. Wells	100+ ft.
100+ ft. Irrigation	100+ ft.
100+ ft. Arroyos	100+ ft.
40+ ft. Surface water	40+ ft.



VI. The foregoing information is correct and true to the best of my knowledge. I understand that 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 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.

Signature: James A. Ramirez Date: 8/16/05

Owner: Contractor: Other:
 NMEED PERMIT A permit for construction of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied
 Conditions Reasons for Denial:

NMIED Representative: Richard D. Bess Date: 8/17/05

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 NMIED that the system is completed. If you have questions call: _____

NMIED Inspection History: _____ NMIED Representative: _____ Date: _____

VIII. NMIED FINAL APPROVAL: The system described above was _____ was not inspected.

NMIED Representative: _____ Date: _____

Cirillo

