



APPLICATION FOR A
LIQUID WASTE PERMIT

NMED Permit Number:

TA040419

NMED Inspection Required ☐ No ☐ Yes, Call

for Appointment Date NMED Received:

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

REHVELETA, ANTHONY E. 505 758 7313 505 758 7313

LINE ADDRESS: Street/PO Box, City, State, Zip Code

63 VISTA DEL OCEANO RANCHOS DE TAOS, NM 87557

ITEM LOCATION: Street Address/ Location - give directions to site County: TAOS

40 VISTA LINDA RD, VISTA LINDA SUBDIVISION

110 TO VISTA LINDA RD, TURN N. 1/2 MI TO LOT 40

DIVISION BLOCK LOT UNIFORM PROPERTY CODE

STA LINDA 9 62

RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE

25N 12E 34 SE 1/4 of Lot 62

TALLER'S NAME & FIRM: PHONE:

RANKS CONSULTANTS - RANKS'S SEPTIC TANKS 505 758 7313

LINE ADDRESS: Street/PO Box, City, State, Zip Code

11416

License No./ Certification MM-1 MM-98 MS-1 MS-3 Homeowner

PERMIT APPLICATION (Instructions on back of pink copy)

A. Proposed Liquid Waste System is for: ☒ New construction

Replacement of an existing system ☐ Modification to an existing system

B. Manufactured Housing (mobile) ☐ Yes ☐ No

C. Proposed System is: ☐ Conventional ☐ Mound ☐ Holding Tank

Evapotranspiration ☐ Other, Describe:

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 315 gpd

Multiple family units; no. of units; no. bedrooms per unit gpd

Other (type) Flow sizing units gpd

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

TOTAL WASTEWATER FLOW ON PROPERTY - 315 gpd

SITE INFORMATION

A. Lot Size: 1.24 Acres Date of Record:

(nearest 0.01 acre) (Plat Date or Subdivision Date)

NMED retain white copy

Revised 9-98

Page 1 of 2

RECEIVED NOV 27 2004 TAOS DISTRICT 14 ENVIRONMENTAL DEPT

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IV. SYSTEM DESIGN

A. Treatment Unit:

☒ Septic Tank Capacity 1000 Gallons

Manufacturer: Con2 Certification No.

Other (specify):

B. Disposal System: ☐ Trench ☐ Bed ☐ Seepage Pit ☐ Mound

Evapotranspiration ☐ Other, specify:

Materials: ☒ Pipe and gravel ☐ Gravelless (specify)

C. Minimum required absorption area 519 square feet

Trench or Bed width 3 ft Gravel depth below distribution pipe 3 ft

Total Trench or Bed length 74 ft Number of trenches:

Number of gravelless units

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

Soil Percolation Rate: 18.65 min/inch (attach percolation test record)

Texture: ☐ Course sand or gravel; (give percolation rate below)

☒ Sand; (give percolation rate below) ☐ Fine Sand

☒ Sandy Loam; ☐ Loam; ☐ Silt; ☐ Clay

☐ Clay Loam; ☐ Clay; ☐ Other (describe)

Soil Percolation Rate: 18.65 min/inch (attach percolation test record)

Domestic Water Source: ☒ On-site ☐ Off-site;

☒ Private ☐ Public ☐ Shared

Irrigation Well or Flood Irrigated Area on the lot ☐ Yes ☐ No

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:
50' To 5 ₂ ft. Property line	East 40 ft.
70' To 2 ₂ ft. Property line	South 50 ft.
30' ft. Buildings	40 ft.
+ 200 ft. Structures	+ 200 ft.
130' ft. Wells	150 ft.
N/A ft. Irrigation	N/A ft.
+ 200 ft. Arroyos	+ 200 ft.
+ 150 ft. Surface water	+ 200 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 [Signature] Date 11/22/04

Owner ☒ Contractor ☐ Other ☐

VII. NMED 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: _____
Will need inspection before cover-up.

ED NOV 23, 2004

NMED Representative Weking 11/23/04

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

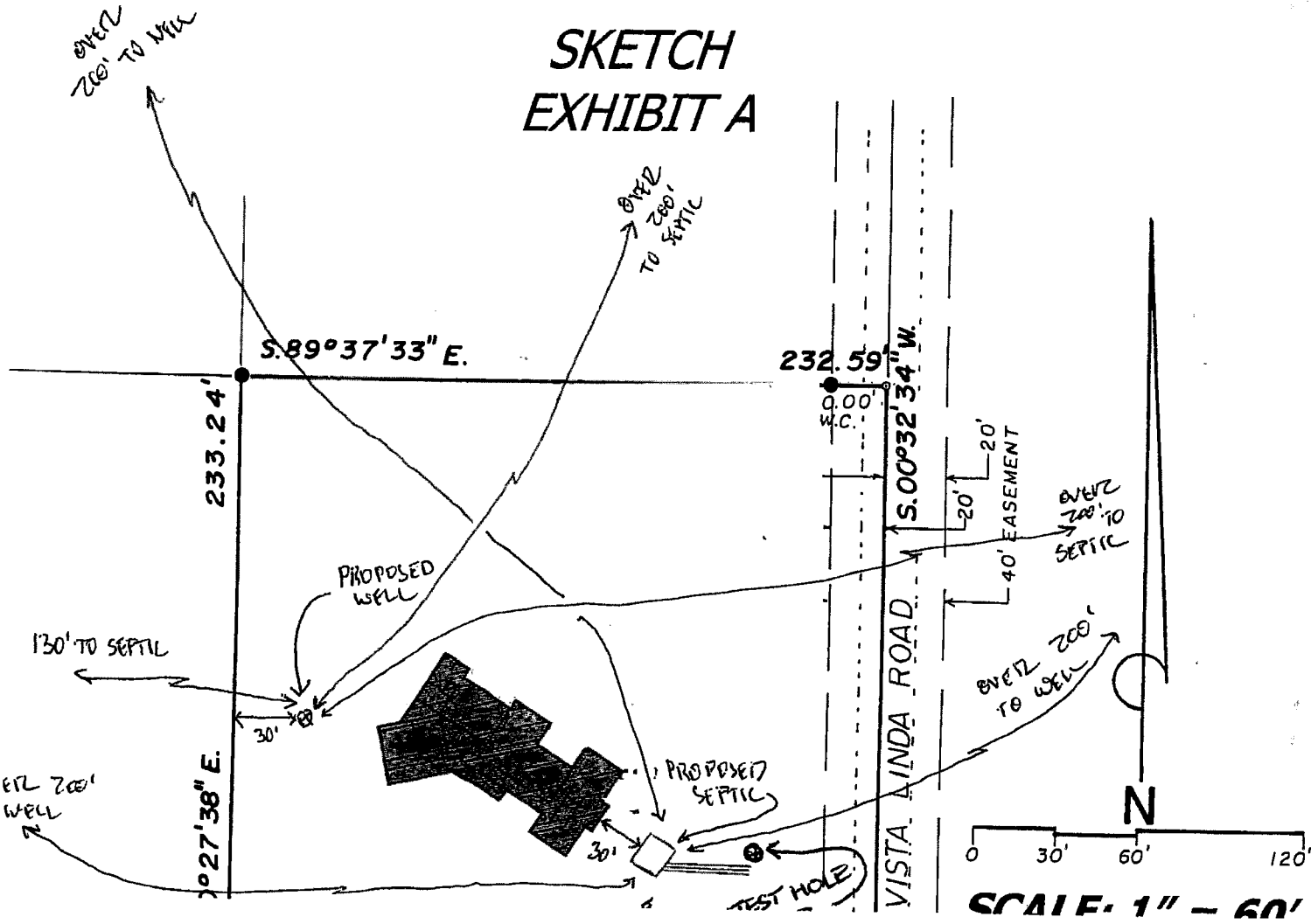
NMED Inspection History	NMED Representative	Date
156021.559'	ELIUD 6910'	
110548.767'		29 June 05

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

ED. _____ 29 June 05
NMED Representative _____ Date

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

**SKETCH
EXHIBIT A**



ARCHULETA, ANTHONY

FINCO

0 Impr0 Exmpt0 P.P.0 M.H.10953 Net0 Livstk

63 VISTA DEL OCASO

RANCHOS DE TAOS NM 87557

Pos to()

Print=

Property Description	Code	ValueDesc	Quantity	Rate	Full
1 070 145 305 241	B03	NR SUBD L	1.24	26499.99	32859

FILE M 384 PG 866 000281524 081103

VISTA LINDA SUBD.

BLOCK 9

SE 1/4 OF

LOT 62

TWP 25N RGE 12E SEC 34

1.24 ACRES

1-01

N/R-Values Full	32859
N/R-Values Taxable	10953
N/R-Values Net	10953

Bottom

F3=Cancel F4=Prompt() F6=Change Years F12=Return



OWNER'S NAME - Last, First and Middle

ARCHULETA, ANTHONY G.

HOME PHONE

505 758 7655

BUSINESS PHONE

505 770 1336

MAILING ADDRESS - Street/P O Box, City, State and Zip Code

#63 VISTA DEL OCASO RANCHOS DE TAOS, NM 87557

LOCATION OF PROPERTY

#40 VISTA LINDA RD OF THE VISTA LINDA SUBDIVISION RANCHOS DE TAOS 87557

Test Hole Number 1

Test Hole Number 2

Depth of hole 58"

Depth of hole 60"

Time	Distance to Top of Water	Actual Water Level Drop
8:50	52 1/4"	
9:00	54 1/4"	2"
9:10	56"	1 3/4"
9:10	REFILLED TO 52 1/4"	
9:20	53 1/2"	1 1/4"
9:30	54 1/2"	1"
9:40	55 1/4"	3/4"
9:50	56"	3/4"
9:50	REFILLED TO 52 1/4"	
10:00	53"	3/4"

Time	Distance to Top of Water	Actual Water Level Drop
9:00	50"	
9:30	51 3/4"	1 3/4"
10:00	53 1/2"	1 3/4"
10:30	55 1/4"	1 3/4"
11:00	56 3/4"	1 1/2"
11:00	REFILLED TO 50"	
11:30	51 1/4"	1 1/4"
12:00	52 1/2"	1 1/4"
12:30	53 3/4"	1 1/4"
1:00	55	1 1/4"

Percolation Rate

$$\text{Percolation rate} = \text{Time interval used, in minutes} \div \text{Last water level drop, in inches}$$
Test Hole Number 1 : $\frac{10 \text{ minutes}}{.75 \text{ inches}} = 13.3 \text{ min/in}$ Test Hole Number 2 : $\frac{30 \text{ minutes}}{1.25 \text{ inches}} = 24 \text{ min/in}$ Average 18.65 min/in

Test completed by: PAUL ROMERO AND ANTHONY ARCHULETA Date: 8/29/04

☒ Owner ☒ Contractor ☐ Other -specify _____

Report reviewed by: _____ Date: _____

Title: _____



ENVIRONMENTAL DEPARTMENT
FIELD OPERATIONS DIVISION
ONSITE LIQUID WASTE SYSTEM INSPECTION



System Owner's Name Anthony Acosta NMED Permit No: TAC10111
System Location: 11204 N. 12th St
Installer's Name & Company: Green Earth
Type of Inspection: ☐ INITIAL ☒ FINAL ☐ REINSPECTION ☐ COMPLAINT ☐ OTHER
Inspector P. J. Inspection Date 11/11/05

1. BUILDING SEWER

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

2. PRETREATMENT

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

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

- Type: → ☒ Concrete ☐ Plastic/Fiberglass ☐ Sec./Tert. Treatment Unit
a. ☒ Located as per Site Plan
b. ☒ Correct Setbacks
c. ☒ Tank Certified; Correctly Labeled
d. ☒ Tank Correctly Oriented, Level & Depth Below Grade
e. ☒ Bottom of Outlet Pipe 2" Lower than Bottom of Inlet Pipe
f. ☒ Inlet / Outlet Pipes Sealed & Watertight
g. ☒ Inlet / Outlet Baffle or Tee with Legs Extending 12" Minimum Below Liquid Level; Outlet Filter Installed if Required
h. ☒ Tank & Fittings Correctly Vented
i. ☒ Concrete Tank: Coated & Material Correct OR Type V Concrete
j. ☒ Outlet Pipe Correct Size & Material, Correct Grade
k. ☒ Manholes Correctly Sized & Located
l. ☒ Manhole Risers at Correct Height, Diameter, Coated & Lids
m. ☒ Tank Correctly Backfilled and Covered; Fiberglass / Plastic Tank Installed per Manufacturer's Instructions
n. ☐ Advanced Treatment Unit Installed per Manufacturer's Instructions
o. ☐ Water Tightness Test Required: ☐ Pass ☐ Fail
p. ☐ Other: _____

4. SURGE, PUMP AND HOLDING TANKS

- Type: → ☐ Surge Tank ☐ Pump Tank ☐ Holding Tank ☐ Other _____
a. ☐ Correct Size
b. ☐ Inlet/Outlet Sealed Correctly
c. ☐ Pump(s) Switches & Alarms Present and Installed Correctly
d. ☐ Manholes, Risers, Lids Correct and Water Tight

5. TEE OR DISTRIBUTION BOX

- a. ☐ Pipe To and From Tee or "D" box 4" Diameter
b. ☐ Tee Level; Correct Type; Oriented Correctly
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 ; Flow Equal to Outlets
f. ☐ 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. ☒ Soil Type Correct : Type _____
b. ☒ Clearance to Ground Water or Limiting Layer Correct

- c. ☒ Trench / Bed Sized Correctly:
Dimensions: Trench/ Bed _____
Number: Chambers _____ Seepage Pit(s) _____
Other: Type _____ Size/Units _____
d. ☒ Correct Setbacks
e. ☒ Excavation at Correct Grade
f. ☒ Spacing Between Trenches or Beds Correct
g. ☒ Smeared Soils Not Present on Trench or Bed
h. ☒ Aggregate Correct Type, Size, Clean and Amount
i. ☒ Correct Depth of Aggregate Above and Below Pipe
j. ☒ Lines On Correct Grade -0" to 3" of Fall per 100'
k. ☒ Pipe Correct Size - 4" Minimum Diameter & Type
l. ☒ Aggregate Correctly Covered with Approved Material
m. ☐ Other: _____

For Seepage Pits:

- a. ☐ Top cover: Underside Correctly Coated & Extends to Natural Ground
b. ☐ Domed covers covered with minimum 2" concrete extending 6" beyond pit wall
c. ☐ Brick or block laid end to end with staggered tight joints
d. ☐ Side wall inlet properly vented
e. ☐ Inlet/outlet fittings properly sealed with cement

For Other Disposal Methods:

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

Comments/ Violations:

W-11204 N 12th St 367' 4140 6919'
W-11204 N 12th St 38.767'
W-11204 N 12th St 38.767'
W-11204 N 12th St 38.767'



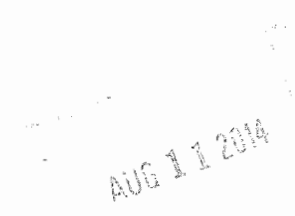
- ☐ Continued on attached Sheet(s)
☒ Installation Approved
☐ Installation Approved w/conditions
(See Comments/Violations)
☐ Installation Not Approved
(See Comments/Violations)

Inspector's Signature: P. J.

RECEIVED
8/11/14

Liquid Waste Permit Number: TA040419

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>TA040419</u>		Lot Size on Permit (to 0.01 acres) <u>1.244</u>		Number of Bedrooms on Permit <u>3</u>
CURRENT OWNER INFORMATION	Name <u>MARIA PUG</u>		Mailing Address <u>301 E ILEX ST MILLIKEN, CO 80543</u>		Phone <u>970-214-3741</u>
PROPERTY INFORMATION	Site Address <u>1640 Vista Linda RD</u>		Uniform Property Code <u>1070145 305 241</u>		Lot Size (to 0.01 Acres) <u>1.244</u>
	Township/Range/Section		Subdivision <u>Vista Linda</u>		Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 <u>(3)</u> 4 5 6 Other:		Other structure on property being used as a residence? YES <u>(NO)</u>		Describe Current Number of Bedrooms In Other Residential Structures: <u>N/A</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
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <u>(NO)</u>		If YES, What Permit Numbers?		Describe Other Sources:
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 Plumbing</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>LUIS DURAN</u>		Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <u>(YES)</u> NO
OTHER INFORMATION	<div style="text-align: right;">  </div>				
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>Pedro Gonzalez</u>		Signature <u>[Signature]</u>		Date <u>8/8/14</u>	

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Date of Evaluation:

Septic Tank

LOCATION	Latitude (DD, MM, SS) <u>N 36.35600</u>	Longitude (DD, MM, SS) <u>W 105.6464</u>	Elevation (Feet) <u>6935</u>
SIZE and MATERIALS	Size (gallons) <u>1000</u> 1200 1500 Other: _____ Tank Depth (Top of Tank to ground surface) <u>20 inches</u> Feet	Material <u>Concrete</u> Plastic Fiberglass Other Note: _____ Covers Secure? YES NO	Manufacturer of Tank <u>ERNEST'S Plumbing</u> Year Tank Manufactured <u>2004</u>
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 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>900</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.) <u>Met</u> Not Met Unable to Confirm N/A Distance: <u>120</u> Feet	Setbacks to Neighbor's Well (50 ft.) <u>Met</u> Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet	Setbacks to Public Water Well (100 ft.) <u>Met</u> Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <u>Met</u> Not Met Unable to Confirm 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:

Installed Access Riser on Inlet because tank depth was 20 inches. Access Riser installed to ground surface

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional <u>Alternative/</u> Other	Trench <u>Pipe and Gravel</u> Seepage Pit Leaching Bed	Chambers <u>Elevated System with Lift Station</u>	Synthetic Aggregate <u>ET Bed</u>	Other Gray Water System Drip System
DISTRIBUTION BOX	Is there a D-Box on this system? YES <u>NO</u> UNABLE TO CONFIRM	Watertight & Equal Distribution of Flow? YES NO UNABLE TO CONFIRM	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>100 gal</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 UNABLE TO CONFIRM	Even Distribution of Effluent in Field? <u>YES</u> NO N/A UNABLE TO CONFIRM	Any Septic Odor Present? YES <u>NO</u>		
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft.) <u>Met</u> Not Met Unable to Confirm N/A Distance: <u>150</u> Feet	Setbacks to Neighbor's Well (100 ft.) <u>Met</u> Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet	Setbacks to Public Water Well (200 ft.) <u>Met</u> Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet		
	Setbacks: State Waters, Arroyos, Ditches <u>Met</u> Not Met Unable to Confirm 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: TA040419

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 Riser 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

Liquid Waste Permit Number: TA040419

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 <input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	Is the address listed on this permit the same as the current address?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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 <input type="checkbox"/>	N/A <input type="checkbox"/>
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? <i>Attach a Copy</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Has the system been sampled and monitored in accordance with permit conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Is a Monitoring or Sampling Report attached? (Required for All ATS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR RECOMMENDATIONS <i>Circle All that Apply</i>	<div>Septic Tank is Functioning Properly</div> <div>Septic Tank Needs Replacement</div> <div>Septic Tank Needs Repairs</div> <div>Disposal System is Functioning Properly</div> <div>Disposal System Needs Replacement/Expansion or Repairs</div> <div>ATS is Functioning Properly</div> <div>ATS Needs Replacement, Maintenance or Repairs</div>			
	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. GONZALES</u> Evaluator's Name Printed		<u>Ernest N. Gonzales</u> Evaluator's Signature		<u>8/10/14</u> Date
NMED REVIEW: 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>JAMES JENISON</u> NMED Staff Name Printed		<u>[Signature]</u> NMED Staff Signature		<u>8/11/14</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.				

Property Line

Site Plan
Marea Puig



OWell

Water Line

150ft

Driveway

House

Well

15ft

Septic Tank

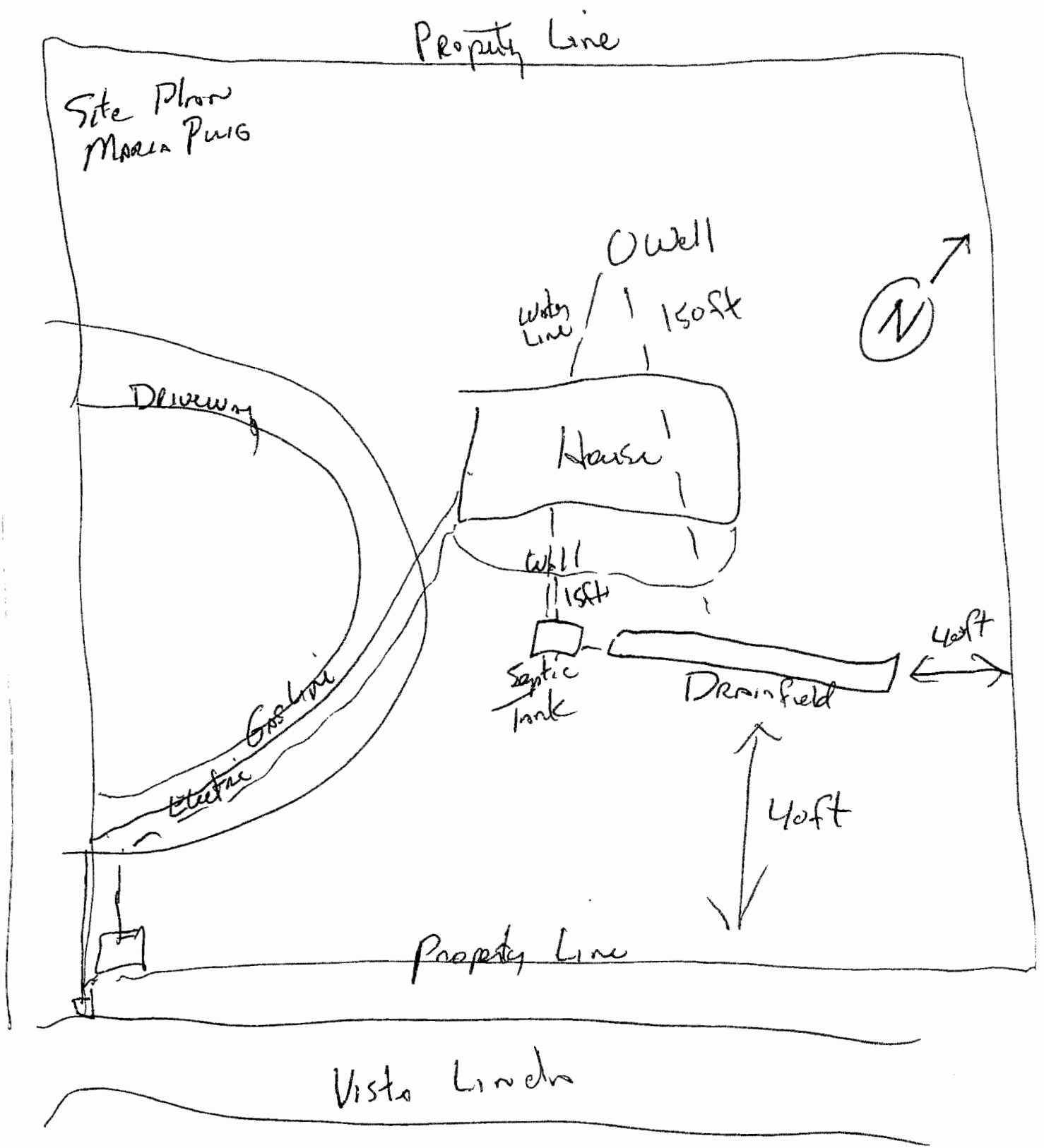
Drainfield

40ft

40ft

Property Line

Vista Linda



FT000088353

TAOS COUNTY
ELAINE S. MONTANO, CLERK
000378924
Book 778 Page 954
1 of 3
06/12/2012 02:32:50 PM
BY DOLores

WARRANTY DEED

ANTHONY ARCHULETA, a married man dealing with his sole and separate property, for consideration paid, grants to MARIA ELENA PUIG, a married woman dealing with her sole and separate property, whose address is 301 E. Ilex Street, Milliken, Colorado 80543-9117, the following described real estate in Taos County, New Mexico:

Lot 62-C lying and being situate at Lot 62 of the Vista Linda Subdivision, within the Gijosa Grant, within the County of Taos, within the State of New Mexico and described as follows:

BEGINNING at the Northwest Corner of the tract of land described herewith, from whence a stone monument set in a mound of stone for the 4 Mile Marker of the boundary line between the Cristobal de la Serna Grant and the Gijosa Grant bears S 55° 34' 29" E, 2269.80 feet distant,

THENCE: running from said point of beginning, S 89° 37' 33" E, 232.59 feet to the Northeast corner, from whence a witness corner bears N 89° 37' 33" W, 20.00 feet distant,

THENCE: S 00° 32' 34" W, 233.01 feet to the Southeast corner, from whence a witness corner bears N 44° 34' 11" W, 28.23 feet distant,

THENCE: N 89° 41' 04" W, 232.26 feet to the Southwest corner, from whence a witness corner bears N 00° 27' 38" E, 20.00 feet distant,

THENCE: N 00° 27' 38" E, 233.24 feet to the point and place of beginning.

Containing 1.244 acres of land, more or less, as shown on a survey plat entitled "Replat of Lots 62-A, 62-B, 62-C, and 62-D of the Vista Linda Subdivision", dated March 14, 1994, having plat #9433, by Larry L. Sterling, NMPS #11010, filed in Cabinet C, page 155-B, records of Taos County, New Mexico.

SUBJECT TO:

1. Reservations, restrictions and easements, if any, contained in the patent from the United States of America to the Gijosa Grant, including but not limited to water rights, claims of title to water, any easements for ditches appurtenant thereto, and all interest in oil, gas and other minerals, if any, recorded in Book 28, pages 228-229, records of Taos County, New Mexico.

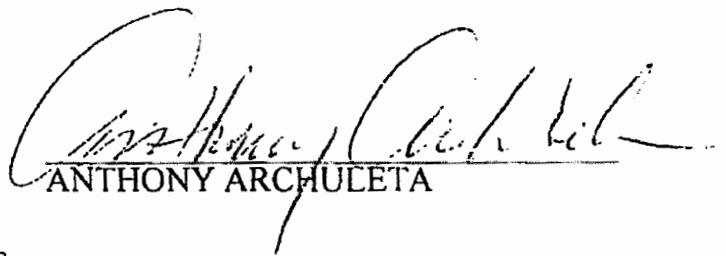
2. Right of Way Easement dated January 1965 and filed for record in Book M-34, Pages 646-648, records of Taos County, New Mexico.

3. Easements, rights of way, restrictions and dedications, as referenced on the plat of the Vista Linda Subdivision, filed in Volume No. 4, page 95 (Cabinet B, page 55-B) and refiled in Volume No. 5, page 15 (Cabinet B, page 59-A), records of Taos County, New Mexico.

4. Easements as shown on survey plat entitled "Replat of Lots 62-A, 62-B, 62-C, and 62-D of the Vista Linda Subdivision", dated March 14, 1994, having plat #9433, by Larry L. Sterling, NMPS #11010, filed in Cabinet C, page 155-B, records of Taos County, New Mexico.
5. Articles of Association of Vista Linda Road Maintenance Association, recorded in Book M-181, pages 993-999, records of Taos County, New Mexico.
6. By-Laws of Vista Linda Road Maintenance Association, recorded in Book M-182, pages 692-706, records of Taos County, New Mexico.
7. Declaration of Acceptance and Rejection of Road Dedications for the Vista Linda Subdivision, recorded in Book M-216, pages 300-345, and re-recorded in Book M-216, pages 672-685, and amended in Book M-460, pages 942-957, records of Taos County, New Mexico.
8. Final Stipulated Judgment filed January 19, 2005 in Book 475, pages 630-632, records of Taos County, New Mexico.
9. Motion for Approval of Settlement Agreement and for Entry of Final Stipulated Judgment, recorded in Book 475, pages 780-823, records of Taos County, New Mexico.
10. Twenty foot (20') ingress, egress and utility easement along the southern and eastern boundaries, as shown on an Improvement Location Report entitled "Archuleta to Puig", dated February 15, 2012, having Taos Surveying Project #212-008, prepared by Craig T. Gillio, NMLS #14833.
11. Any easements or claims of easement for propane tank, telephone pedestal, electric box (transformer), electric meter, well vault, yard hydrant, sewer clean-out, and any underground utility lines associated therewith, all as shown on an Improvement Location Report entitled "Archuleta to Puig", dated February 15, 2012, having Taos Surveying Project #212-008, prepared by Craig T. Gillio, NMLS #14833.

with warranty covenants.


WITNESS my hand and seal this 29th day of May, 2012.


ANTHONY ARCHULETA

ACKNOWLEDGMENT IN AN INDIVIDUAL CAPACITY

STATE OF NEW MEXICO)
) ss.
COUNTY OF TAOS)

This instrument was acknowledged before me on May 27th, 2012 by
ANTHONY ARCHULETA, a married man dealing with his sole and separate property.



Notary Public

My Commission Expires:

2/13/14



2/13/14





Assessor Lookup Main County Web Site



- Search by
- Owner #
- Owner Name
- Mailing Zip Code
- Property Code
- Physical Address
- Subdivision
- Metes

Owner Information

Owner # 54168 District 1-A
PUIG, MARIA ELENA

301 E ILEX STREET
MILLIKEN CO 80543

Recap Value Information

Central Full Value	0	Full Value	345561
Land Full Value	61347	Taxable Value	115187
Improvements Full value	284214	Exempt Value	0
Personal Property Full Value	0	Net Value	115187
Manufactured Home Full Value	0		
Livestock Full Value	0		

Property Information

Property Code 1070145305241
Book 778 Page 954 Reception# 378924
Physical Address
Bldg Apt
Subdivision VISTA LINDA SUBDIVISION
BLOCK 9 9 LOT 62-C
BLOCK 9 9 LOT 62-C
LOT 62-C
1.244 ACRES
TWP 25N RGE 12E SEC 34
QUAD 4
40 VISTA LINDA
Appraisal Information

Basement Sq Ft	0	First Floor Sq Ft	2514	Second Floor Sq Ft	0	Year built	2006
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Property Value Information

B02	Residential	Land	1.00	49472.01	49473
B03	Non-Residential	Land	24	49472.01	11874
C01	Residential	Improvements	0.00	284214	

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MARIA PUIG
Floor PLAN



PTS, LLC
SCALE 1/8" = 1'-0"
SUBDIVISION