



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 BARBARA R. SMITH Phone 405-600-4944

*Mailing Address 3801 STARWOOD DR City Oklahoma State OK Zip 73121

*Site Address 61 Camino de los Arroyos (formerly #77) Lot Size 1.28

Property location: Township 25N Range 12E Section/Qtr 34

Subdivision VISTA LINDA Unit No. _____ Block No. _____ Lot No. 59B

Uniform Property Code 1070145470240

*Liquid Waste Permit No. TA050252 Date of Permit 28 DEC 05 Permit for 2 Bedrooms

(If no liquid waste permit exists contact NMED)

Is dwelling unoccupied (yes or no) no (second home) For how long?: _____ Number of bedrooms currently in dwelling: 2

Number of people occupying the dwelling: Currently 1 Anticipated 2

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

Date of system installation final 12/28/05 date tank was last pumped N/A

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

List any known repairs made to the system NONE

Has another company inspected the system recently? NO

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. _____ New Mexico State Engineer's Well Permit No. RG 85598

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

Location of well (address) 61 Camino de los Arroyos

Name of Realtor (if applicable) Lisa Davis Phone 758 7924

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

*Owner name (Print) Barbara R. Smith *Date 2/14/13

*Signature [Signature]

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

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

*Evaluating Company Ernest's Plumbing

*System Evaluator Daniel R Gonzalez

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

*NAWT Registration No. _____ Expiration Date _____ Phone _____

*Signature Ernest R Gonzalez Date 2/20/13

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): 300

*Tank Latitude N36.35685 *Tank Longitude W105.64140 *Tank Elevation 6907
(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) 12 inches

*Size, in gallons: 1000 *Tank material Concrete Tank manufacturer Ernest's 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, Are not needed (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 Did not pump 1 person living in house 2 or 3 months a year
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 Drainfields are only 90ft from neighbors well which was drilled after waste water system was installed

Determine approximate distance between water well and soil absorption system.

*Approximate distance is 150 feet.

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

- Yes No Does the pump work?
- Yes No Is the integrity of tank acceptable (cracks, infiltration, etc.)?
- Yes No Is the pump elevated off the bottom of the chamber?
- Yes No Is there a check valve and a purge hole?
- Yes No Is there a high water alarm?
- Yes No Does the alarm work?
- 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 _____ Dosing _____
Drip _____ ET Bed _____ Other _____ Dbox required _____ Dbox installed _____

Drainfield area square feet 33 Number of trenches 2 Width of trench(es) 3ft

Length of trench(es) 24ft each Depth of stone below pipe 3ft Depth of trench(es) 5ft

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:

*OK Problems: _____

Is there:

- Any indication of a previous failure? ___ Yes No
- Seepage 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 at bottom of outlet pipe
- 2) Absorption system is in Acceptable ___ Unacceptable condition.
Comments: Water flow test ran approx 100 gals of water through system was working fine
- 3) Pump and pump tank is in ___ Acceptable ___ Unacceptable condition.
- 4) Holding Tank is in ___ Acceptable ___ Unacceptable condition.
- 5) Alternative Treatment System is in ___ 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,

* Ervest's Plumbing (Evaluating Company or Individual) disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or 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: Report Accepted ___ Not Accepted ___ Repairs Required

___ Modification Required, describe _____ Repairs/Mods Completed Satisfactorily

Reviewed by: [Signature] Date 02/22/13
Neighbors will does not want get back to drain field 90 FT
letter to be sent to Neighbor + owner

WARRANTY DEED

JESSIE D. VOSTI, TRUSTEE OF THE JESSIE D. VOSTI LIVING TRUST DATED NOVEMBER 20, 2001, for consideration paid, grant to BARBARA R. SMITH, A SINGLE PERSON, whose address is 6424 GRANDVIEW PLACE, OKLAHOMA CITY, OK 73116, the following described real estate in Taos County, New Mexico:

Lot 59-B lying and being situate at Lot 59, Block 9 of the Vista Linda Subdivision, within the Gijosa Grant, within the County of Taos and within the State of New Mexico and being more particularly described as follows;

BEGINNING at the Southwest 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 20° 09' 30" E, 1355.08 feet distant,
THENCE; running from said point of beginning;
N 00° 20' 59" E, 233.78 feet to the Northwest corner, from whence a witness corner bears;
S 00° 20' 59" W, 20.00 feet distant;
THENCE; S 89° 30' 10" E, 238.41 feet to the Northeast corner, from whence a witness corner bears;
S 45° 20' 47" W, 28.21 feet distant,
THENCE; S 00° 11' 49" W, 233.50 feet to the Southeast corner, from whence a witness corner bears;
N 89° 34' 19" W, 20.00 feet distant,
THENCE; N 89° 34' 19" W, 239.04 feet to the POINT AND PLACE OF BEGINNING.

This tract contains 1.28 acres, more or less.

NOTE: Any reference to acreage is for Tract identification purposes only and is not to be construed as any coverage afforded by the Policy.

SUBJECT TO: Restrictions, Reservations and Easements of record.

with warranty covenants.

Witness _____ hand(s) and seal this _____

JESSIE D. VOSTI, TRUSTEE OF THE JESSIE D.
VISTI LIVING TRUST DATED NOVEMBER 20, 2001

Jessie Vosti, TTE (Seal)

By _____

_____ (Seal)

ACKNOWLEDGMENT FOR NATURAL PERSONS

TEXAS
STATE OF ~~NEW MEXICO~~

COUNTY OF Travis

This instrument was acknowledged before me on July 15, 2004, by JESSIE D. VOSTI, TRUSTEE OF THE JESSIE D. VISTI LIVING TRUST DATED NOVEMBER 20, 2001.

My Commission Expires: 4-22-2006

Doon K Lim
Notary Public

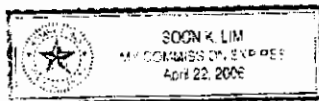


EXHIBIT "A"

PROPERTY DESCRIPTION:

LOT 59-B LYING AND BEING SITUATE AT LOT 59, BLOCK 9 OF THE VISTA LINDA SUBDIVISION, WITHIN THE GIJOSA GRANT, WITHIN THE COUNTY OF TAOS AND WITHIN THE STATE OF NEW MEXICO AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS;

BEGINNING AT THE SOUTHWEST 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 CRISTOVAL DE LA SERNA GRANT AND THE GIJOSA GRANT BEARS; S 20°09' 30" E, 1355.08 FEET DISTANT,

THENCE; RUNNING FROM SAID POINT OF BEGINNING;

N 00°20' 59" E, 233.78 FEET TO THE NORTHWEST CORNER, FROM WHENCE A WITNESS CORNER BEARS;

S 00°20' 59" W, 20.00 FEET DISTANT;

THENCE; S 89°30' 10" E, 238.41 FEET TO THE NORTHEAST CORNER, FROM WHENCE A WITNESS CORNER BEARS;

S 45°20' 47" W, 28.21 FEET DISTANT,

THENCE; S 00°11' 49" W, 233.50 FEET TO THE SOUTHEAST CORNER, FROM WHENCE A WITNESS CORNER BEARS;

N 89°34' 19" W, 20.00 FEET DISTANT,

THENCE; N 89°34' 19" W, 239.04 FEET TO THE POINT AND PLACE OF BEGINNING.

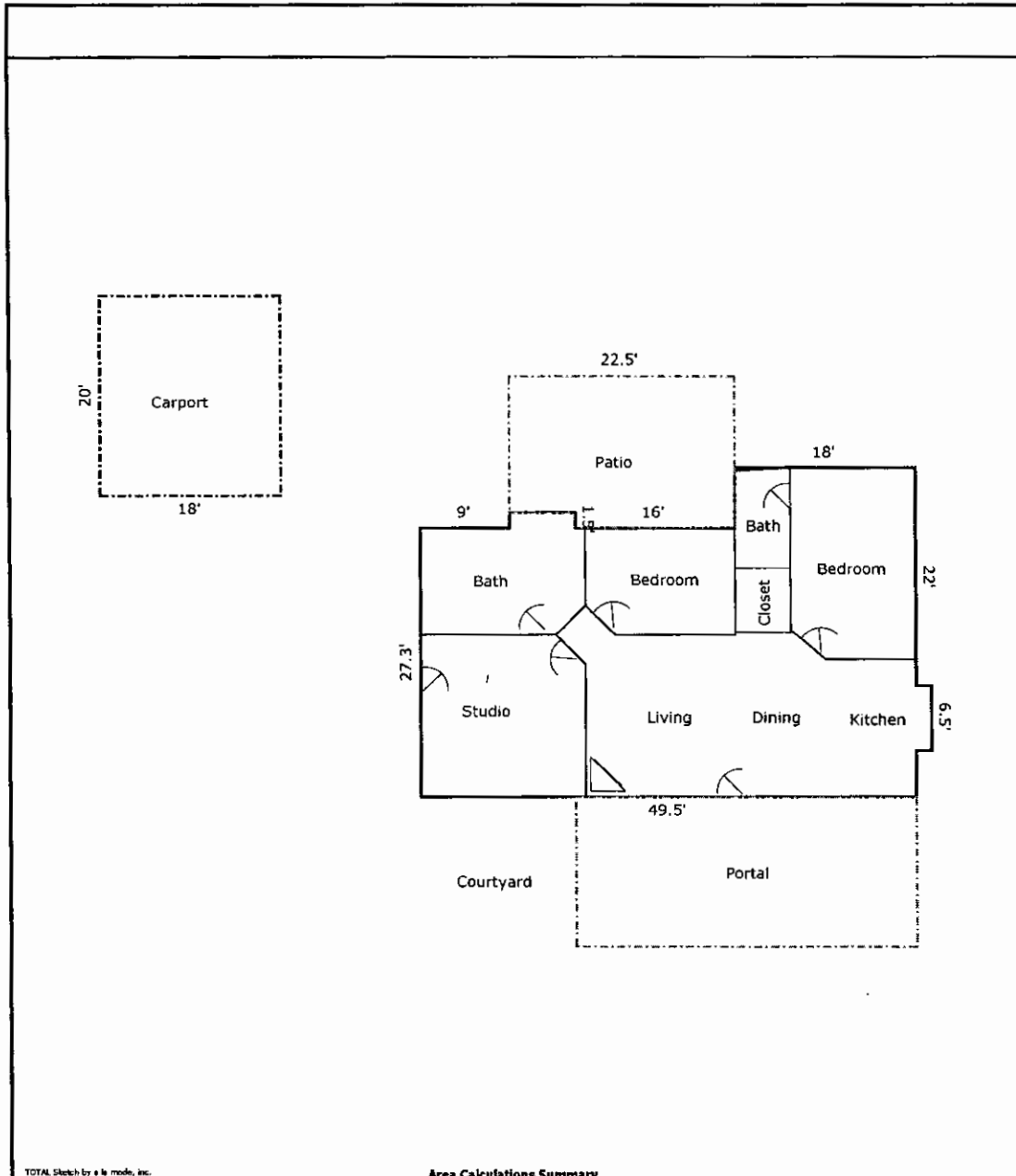
FILE NO. 201-235

DATE: 12/05/01

(FONS COOPER FAMILY TRUST)

Building Sketch

Borrower/Client	GEOFFREY UTLEY		
Property Address	61 Camino De Los Arroyos		
City	RANCHOS DE TAOS	County	Taos
		State	NM
		Zip Code	87557
Lender	Wells Fargo Bank, N.A. - 0034389		



TOTAL Sketch by a la mode, inc.

Area Calculations Summary

Living Area		Calculation Details
First Floor	1478.85 Sq ft	$6.5 \times 1.5 = 9.75$ $6.5 \times 1.5 = 9.75$ $27.3 \times 31.5 = 859.95$ $33.3 \times 18 = 599.4$
Total Living Area (Rounded):	1479 Sq ft	
Non-living Area		
2 Car Carport	360 Sq ft	$20 \times 18 = 360$
Portal	510 Sq ft	$34 \times 15 = 510$
Patio	332.25 Sq ft	$15.2 \times 16 = 243.2$ $6.5 \times 13.7 = 89.05$

FEATURES

Yes	CEILING	LOT DESCRIPTIONS
ELECTRIC	Vigas	View
Yes	Tongue & Groove	Level

FINANCIAL

Current Tax Amount	1591	Owner Financing Y/N	No
Fee Description	Road Maint	Fees \$	50
Tour Date	06/19/2012		

AGENT ONLY REMARKS

Roof is foam. Two latilla fenced yards. West facing covered patio for sunset viewing. Built in bookshelves in the hallway. Upgraded lighting throughout. Plenty of wall space for art. Lighted art nichos.

PUBLIC REMARKS

Wonderful pueblo style home perched on an elevated lot in Vista Linda. Versatile floor plan. Large master bedroom (currently being used as an art studio) with soaring ceilings, fantastic Taos Mountain views, it's own bath and private courtyard. 2-3 bedrooms (one bedroom does not have a closet and would make a great office). the finishes throughout are warm and timeless. Stained concrete floors. Kiva fireplace. High ceilings with vigas. Open kitchen with cook island. Porcelain tile countertops. New carport!

ADDITIONAL PICTURES



DISCLAIMER

This information is deemed reliable, but not guaranteed.



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA050252

NMED Inspection Required No Yes, Call 758-8208 for Appointment Date NMED Received: 7/20/2005

SYSTEM OWNER'S NAME: SMITH Barbara B. Home Phone: (855) 613-2512 Business Phone: 73116
MAILING ADDRESS: 6424 Grand Vista Place City, State, Zip Code OK 73116
SYSTEM LOCATION: Visa Linda Subdivision County: OK

POSTED RECEIVED

#7 Camino de las Arroyos
SUBDIVISION Visita Linda BLOCK 9 LOT 59-B UNIFORM PROPERTY CODE
TOWNSHIP 9 RANGE 9 SECTION 9 QTR 9 QTR 9 LATITUDE 9 LONGITUDE

INSTALLER'S NAME & FIRM: LSJ MECHANICAL - Ray Rodriguez PHONE: 770-0766
MAILING ADDRESS: PO Box 75 White NM 87579 City, State, Zip Code
CID License No./ Certification 56710 MM-1 MS-1 MS-3 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 Modification to 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 2 no. of bedrooms 300 gpd
 Multiple family units, 0 no. of units, 0 no. bedrooms per unit 0 gpd
 Other (type) _____ Flow sizing units _____ gpd
B. Are there other sewage sources on this property? Yes No

TOTAL WASTEWATER FLOW ON PROPERTY = 300 GPD

III. SITE INFORMATION
A. Lot Size: 1.08 Acres Date of Record: _____
(nearest 0.01 acre) (Plat Date or Subdivision Date)

B. Depth from Ground Surface to:
Seasonal High Water Table 7.50 feet
Bedrock, Caliche, Tight Clay _____ feet
Gravel, Cobbles, Highly permeable soil _____ feet

C. Soil Description: (NMED may require both texture description and Texture:
_____ Coarse sand or gravel; (give percolation rate below) _____
_____ Sand; (give percolation rate below) _____ Fine Sand
_____ Silty Loam; _____ Loam; _____ Silty Loam; N.M. ENVIRONMENT DEPT
_____ Clay Loam; _____ Clay; DISTRICT 11
_____ Other; (describe) _____ TAOS FIELD OFFICE

Soil Percolation Rate: 12 min/inch (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: Coatz Certification No.: _____
Other (specify): _____

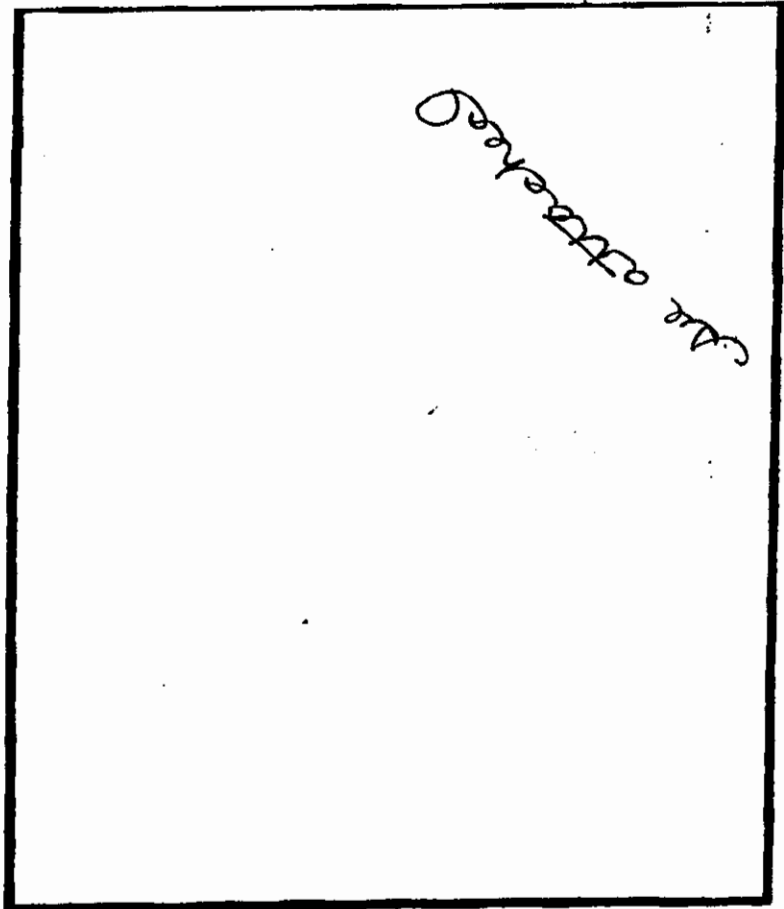
B. Disposal System: _____ Trench _____ Bed _____ Seepage Pit _____ Mound
Evapotranspiration Other, specify: _____
Materials: Pipe and gravel _____ Gravelless (specify) _____

C. Minimum required absorption area 333 square feet
Trench or Bed width 3 ft. Gravel depth below distribution pipe 3 ft.
Total Trench or Bed length 4824 ft. Number of trenches: 2
Number of gravelless units _____

D. Depth from ground surface to bottom of absorption area 5 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.
180' ft. Property line	150' ft.
120' ft. Buildings	120' ft.
100' ft. Structures	160' ft.
100' ft. Wells	120' ft.
20' ft. Irrigation	100' ft.
20' ft. Arroyos	100' ft.
20' ft. Surface water	100' 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] _____ Date _____
 Signature _____ Date _____
 Owner Contractor _____ Other _____

VII. NEMED PERMIT A permit for construction of the liquid waste disposal system described herein is hereby:
 Granted _____ Conditions _____ Granted subject to conditions _____ Denied _____
 Conditions _____ Reasons for Denial: _____

will require inspection prior to cover-up.

[Signature] _____ Date 05/1/05
 NEMED Representative _____ Date _____

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

NEMED Inspection History NEMED Representative Date
236 21-410, 610 6909 _____
W105 38.485 _____

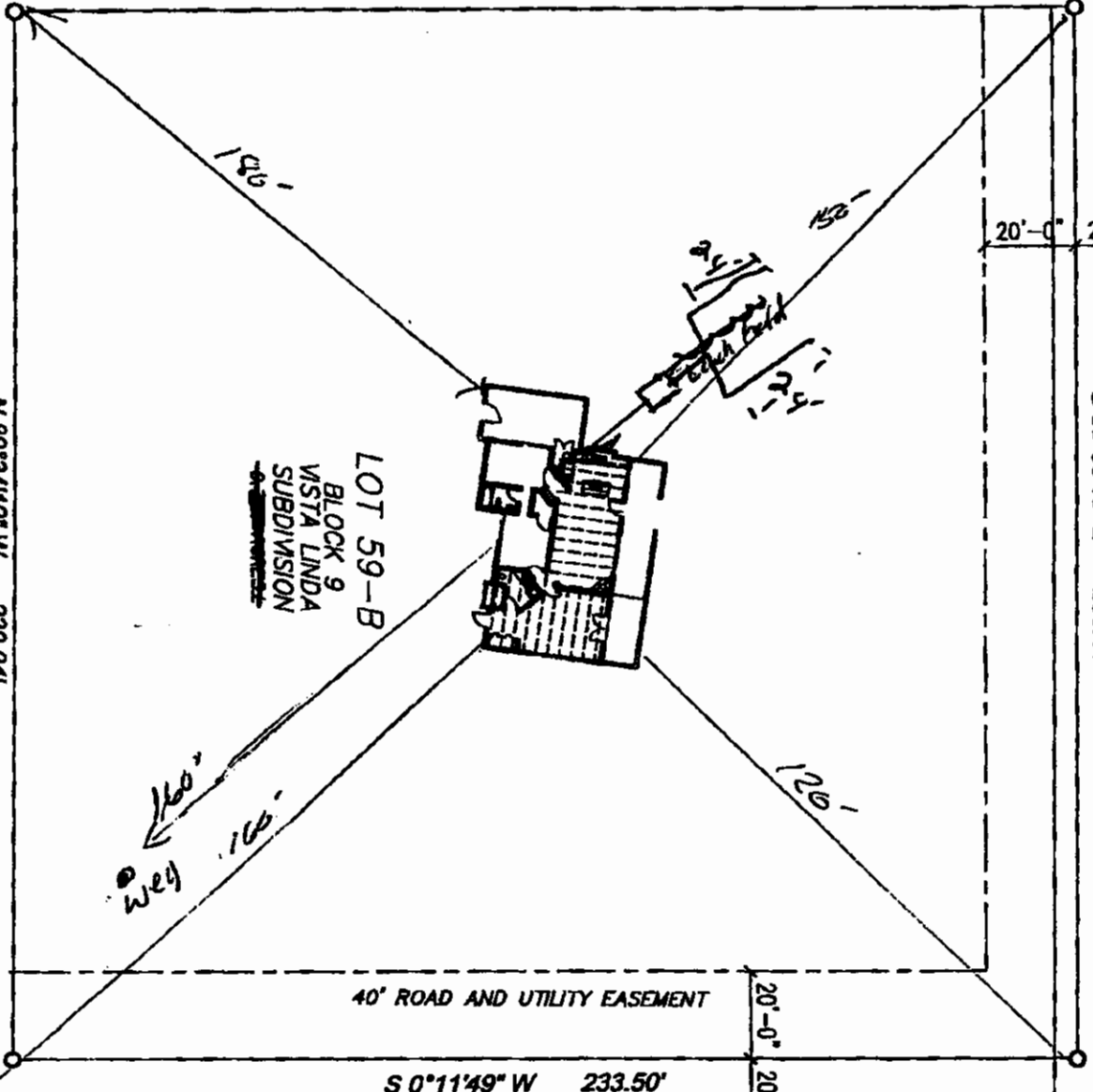
OK to cover-up. 28 Dec 05

VIII. NEMED FINAL APPROVAL:
 The system described above was _____ was not inspected.
[Signature] _____ Date 28 Dec 05
 NEMED Representative _____ Date _____



LOT 59-A

N 0°20'59" E 233.50'



N 89°34'19" W 239.04'
LOT 59-C

SCALE: 1" = 40'-0"

40' ROAD AND UTILITY EASEMENT

S 0°11'49" W 233.50'

LOT 58-A

40' ROAD AND UTILITY EASEMENT
S 89°30'40" E 238.44'

LOT 56-C

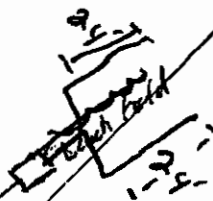
N 0°20'59" E 233.50'

198'-

150'-

20'-0"

20'-0"



40' ROAD AND UTILITY EASEMENT

S 89°36'40" E 238.41'

LOT 56-C

LOT 59-B

BLOCK 9
VISTA LINDA
SUBDIVISION

120'-

160' way

160'-

40' ROAD AND UTILITY EASEMENT

20'-0"

20'-0"

S 0°11'49" W 233.50'

LOT 58-A

N 89°34'19" W 239.04'

LOT 59-C

SCALE: 1" = 40'-0"