



GENERAL INFORMATION

To be completed by Owner or Owner's Representative

Liquid Waste Permit Number:

TA 990079

EXISTING PERMIT INFORMATION	Existing Permit Number(s) TA 990079	Lot Size on Permit (to 0.01 acres) .2	Number of Bedrooms on Permit 3
CURRENT OWNER INFORMATION	Name PAUL DELMER, CO	Mailing Address PO 6907 PUEBLO CO 81002	Phone 505-934-6041
PROPERTY INFORMATION	Site Address #20 05112 LN 81557	Uniform Property Code (13 digits, #-###-###-###-###) 1073144161419	Lot Size (to 0.01 Acres) .2
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other: <input checked="" type="radio"/> 3	Other structure on property being used as a residence? YES <input type="radio"/> NO <input checked="" type="radio"/>	Describe Current Number of Bedrooms In Other Residential Structures: N/A
WATER SOURCE	Water Source (Circle One) <input checked="" type="radio"/> Private Well <input type="radio"/> Public Water Shared Well No. Connections _____	Well on your property? <input checked="" type="radio"/> YES <input type="radio"/> NO	Well Permit Number 7
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <input type="radio"/> NO <input checked="" type="radio"/>	If YES, What Permit Numbers?	Describe Other Sources 0

THIRD PARTY EVALUATOR INFORMATION

To be completed by Third Party Evaluator, Owner or Owner's Representative

EVALUATOR INFORMATION	Name of Person Evaluating LW System Wallace Archuleta	Name of Company A-N Mechanical	Phone Number 970-0496
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 <input checked="" type="radio"/> MM-01 <input type="radio"/> MS-03 <input type="radio"/> MS-01 <input type="radio"/> PE <input type="radio"/> NSF <input type="radio"/> NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# 59925	Expiration Date
SEPTAGE PUMPER INFO	Name of Company S&A Pumping	Name of Septage Pumper ELI Raul	Is this person a Qualified Septage Pumper under Section 904(b) of Regulations? YES <input checked="" type="radio"/> NO <input type="radio"/>
OTHER INFORMATION			

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NOTICE TO OWNER OR AGENT:

1. 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 proper operation of a septic system.
2. A fee or \$50.00 will be charged by the department upon filing this report to be included in the official record.

Your signature below attests that the above detailed information is correct and true to the best of your knowledge.

Owner or Authorized Representative Name Printed Wallace Archuleta	Signature 	Date 8-16-21
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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

TA 990079

Septic Tank

LOCATION	Latitude (DDD.dddd°)	Longitude (DDD.dddd°)	Elevation (Feet)
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank
Tank Dimensions: (ext. lth. x int. lth. x lg. dth. inches)	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved)	Year Tank Manufactured (as marked on tank)
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 199 1 ft. grade, 2005 to grade) YES NO Not Required	Effluent Filter? (Required 2005) YES NO Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) YES NO Not Required
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) 0 1 2	Riser Internal Diameter: (inches) (3' cover 24", over 3" cover 30" rgr'd) 24" 30" Other: N/A	Material: (metal prohibited) Concrete coated N/A Plastic Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 150 gal Gallons	Water Level in Tank at Outlet (Circle One) Above Invert At Invert Below Invert	Does Tank appear Level? (Circle One) YES NO
	Inlet Tee/Baffle (Circle One) Note: OK NOT OK	Outlet Tee/Baffle (Circle One) Note: OK NOT OK	Baffle Wall (Circle One) Note: OK NOT OK
VISIBLE DESCRIPTORS (Circle All that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed Notes: All good		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Confirm N/A Distance: not Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm N/A Distance: not Feet	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Confirm N/A Distance: N/A Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm N/A	To Property Lines, Structures, Waterlines Met Not Met Unable to Confirm N/A	Setbacks to Disposal System Met Not Met Unable to Confirm N/A
HOLDING TANK	Annual Operating Permit Approved? YES NO N/A	High Level Alarm working properly? YES NO N/A	Appears to be Watertight? YES NO N/A
			Pumping Records Available? YES NO N/A

Note any Problems, Concerns or Comments:

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Disposal System

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TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional Alternative/Other	Trench Seepage Pit	Pipe and Gravel Leaching Bed	Chambers Elevated System with Lift Station	Synthetic Aggregate Elevated System with Lift Station	Other ?
		Elevated System with Pressure-Dosing Low-pressure Dosed Vault Split-Flow Privy Constructed Wetlands	Wisconsin Mound Bottomless Sand Filter	ET Bed Sand-lined Trench	Gray Water System Soil-Replacement	Drip System
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A					
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO 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? YES NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 20		Method used to measure gallons? Bucket 5 gal, minutes: 5 Water meter: Approximate	
	Any Indication of Previous Failure? YES NO		Seepage Visible on Lawn? YES NO		Lush Vegetation Present? YES NO	
	Evidence of Ponding Water in Field? YES NO N/A UNABLE TO CONFIRM		Even Distribution of Effluent in Field? YES NO N/A UNABLE TO CONFIRM		Any Septic Odor Present? YES NO	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet		Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet	
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm N/A		To Property Lines, Structures, Waterlines Met Not Met Unable to Confirm N/A		Setbacks to Septic Tank Met Not Met Unable to confirm	

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number
JA 990079

To be completed by Third Party Evaluator

FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly?	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design?
	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Note any Problems, Concerns or Comments:

Not Applicable check here if not applicable **Advanced Treatment System**
ATSS can only be evaluated by a Qualified Maintenance Service Provider. Are you a Qualified MSP? YES NO

TYPE OF ATSS	Name of Manufacturer	Model/Capacity	What Level of Treatment Secondary Tertiary Disinfection
FUNCTIONALITY	Aerator is working properly? <input checked="" type="radio"/> YES <input type="radio"/> NO	System appears to have been properly maintained? <input checked="" type="radio"/> YES <input type="radio"/> NO	Disinfection method working properly? Chlorine UV Other: <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? <input type="radio"/> YES <input type="radio"/> NO	Has a Maintenance & Monitoring event occurred within last 180 days? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW	Are Results of Maintenance & Monitoring Report Attached? <input type="radio"/> YES <input type="radio"/> NO
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Mfr's Maintenance Checklist Attached: <input type="radio"/> YES <input type="radio"/> NO	Level of Treatment Required for: Lot size Clearance Setback Soil

Note any Problems, Concerns or Comments:

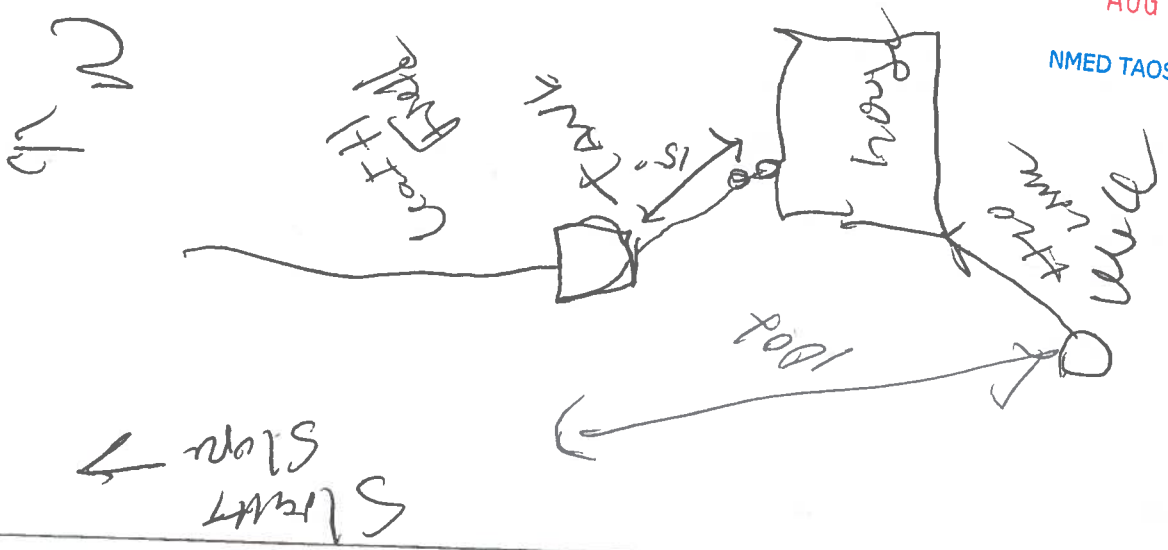
Not Applicable check here if not applicable **Pump Systems**

FUNCTIONALITY	Is pump operating properly? <input type="radio"/> YES <input type="radio"/> NO	Is pump above Tank floor? <input type="radio"/> YES <input type="radio"/> NO	High Level Alarm Works? <input type="radio"/> YES <input type="radio"/> NO
	Alarms and pumps on separate circuits? <input type="radio"/> YES <input type="radio"/> NO	Is pump wiring protected? <input type="radio"/> YES <input type="radio"/> NO	Both Audible & Visible Alarms present? <input type="radio"/> YES <input type="radio"/> NO
	Is there a Riser to Grade w/ Secure Lid? <input type="radio"/> YES <input type="radio"/> NO	Is tank watertight and structurally sound? <input type="radio"/> YES <input type="radio"/> NO	Is there a Check Valve & Purge/Vent Hole? <input type="radio"/> YES <input type="radio"/> 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)

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Property Transfer Evaluation Summary

Liquid Waste Permit Number:

TA990079

For Permitted Onsite Liquid Waste Systems

Note: Unlicensed evaluators, septage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system

Evaluation Criteria

(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)

Circle One

You must circle one for each item or this form will be considered incomplete

1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES ¹	NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO ²
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO ²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO ²
5	Setbacks and Clearances to all other than waters	Does the system appear to meet all setbacks and clearances to all other than waters and greater than 1 foot?	YES	NO ³
6	Lot Size Requirements	Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation, or in effect at the time of the most recent permitted modification?	YES	NO ³
7	Bedrooms/Design Flow	Has the number of bedrooms (or design flow) increased from the number of bedrooms or design flow stated on original permit?	YES ³	NO
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? (Required for All ATSS)	YES	NO ²

Evaluator Recommendations
Circle All that Apply

Liquid waste system appears to be functioning properly
 Septic Tank Needs Replacement
 Disposal System Needs Replacement/Expansion or Repairs
 Septic Tank Needs Repairs
 ATSS Needs Replacement, Maintenance /Repairs

Comments (describe any problems with the system and any repairs made):

Only licensed contractors and their employees may construct, repair, or replace components of a permitted septic system, this includes the following activities; install risers, repair risers or broken riser covers, install tee's, install filters, repair or replace pumps or aerators, repair leaking tanks, install or repair inspection ports, provide invoices for said repairs and collect payments for licensed companies only

By signing below, I acknowledge that I personally conducted this evaluation & the information contained in this report is correct and true to the best of my knowledge.

Evaluator's Name Printed: Wallace Architects Evaluator's Signature: [Signature] Date: 8-16-21

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.

For systems that do not meet the evaluation criteria specified above (1, 2 or 3), appropriate action shall be taken by the property owner to assure that these systems are brought into compliance with The Liquid Waste Regulations 20.7.3 NMAC. See Below

- Immediate action is required by property owner to remedy hazard
- A permit modification, system repairs or permit amendment are required. If permit modification is required, an application must be submitted to NMED Field Office within 15 days of this evaluation. The system must be brought into compliance with current standards. For ATSS, a current sampling report must be submitted.
- No Action is required at this time. When system fails or it is modified, the system must be brought up to the standards of the regulations in effect at the time of system failure or modification. An advanced treatment system may be required.

NMED ONLY LIQUID WASTE FEE (\$50)	Fee Paid: <u>50.00</u>	Invoice #	Date Paid: <u>8/16/21</u>	Payment Received By: <u>[Signature]</u>
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Return this completed report to the local NMED Field Office within 15 days of the evaluation.

This form is valid for 180 days after the date the evaluation was conducted.

NMED DATE STAMP for Date Received
AUG 18 2021
 NMED TAOS FIELD OFFICE