



New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Property Transfer Evaluation Report
for Permitted Onsite Liquid Waste Systems

GENERAL INFORMATION			Liquid Waste Permit Number: TA090182	
To be completed by Owner or Owner's Representative				
EXISTING PERMIT INFORMATION	Existing Permit Number(s) TA090182	Lot Size on Permit (to 0.01 acres) 40	Number of Bedrooms on Permit 2	
CURRENT OWNER INFORMATION	Name JENNIE GLOFF MARCILE WEDEL	Mailing Address P.O. Box 258 TRES PIEDRAS NM 87577	Phone 575-613-0294	
PROPERTY INFORMATION	Site Address 36712 HWY 285 TRES PIEDRAS NM 87577	Uniform Property Code (13 digits, #-###-###-###-###) 1055149400150	Lot Size (to 0.01 Acres) 39.956	
	Township/Range/Section 25N 10E 7	Subdivision	Lot/Tract/Block/Unit	
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other:	Other structure on property being used as a residence? YES NO	Describe Current Number of Bedrooms In Other Residential Structures: 1bdm STUDIO	
WATER SOURCE	Water Source (Circle One) Cisterns Private Well Public Water Shared Well No. Connections _____	Well on your property? YES NO	Well Permit Number	
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO	If YES, What Permit Numbers? TA990046	Describe Other Sources 1bdm STUDIO	
THIRD PARTY EVALUATOR INFORMATION				
To be completed by Third Party Evaluator, Owner or Owner's Representative				
EVALUATOR INFORMATION	Name of Person Evaluating LW System Chris Espinoza	Name of Company Chris Espinoza	Phone Number 575-741-0485	
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 MS-03 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# 30044	Expiration Date	
SEPTAGE PUMPER INFO	Name of Company Arroyo Socu Septic	Name of Septage Pumper Billy Romero	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO	
OTHER INFORMATION				
NOTICE TO OWNER OR AGENT:				
1. 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.				
2. A fee of \$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		Signature	Date	
Chris Espinoza		[Signature]	04-18-2023	

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NMED TAOS FIELD OFFICE

LIQUID WASTE SYSTEM EVALUATION			Liquid Waste Permit Number: TA090182			
To be completed by Third Party Evaluator						
Septic Tank						
LOCATION	Latitude (DD.ddddd°)	Longitude (DDD.ddddd°)	Elevation (Feet)			
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note: _____	Manufacturer of Tank GIBBST PLUMING			
Tank Dimensions: (ext lth x wth x lg dth, inches) 5 x 8 6	Covers Secure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 12" feet	Year Tank Manufactured (as marked on tank) 2009			
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required	Effluent Filter? (Required 2005) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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" req'd) 24" 30" Other: _____	Material: (metal prohibited) Concrete coated <input checked="" type="checkbox"/> Plastic Concrete Type V			
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 1000 Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <input checked="" type="checkbox"/> At Invert <input type="checkbox"/> Below Invert	Does Tank appear Level?(Circle One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	Inlet Tee/Baffle (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK Note: _____	Outlet Tee/Baffle (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK Note: _____	Baffle Wall (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> 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) Met Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet			
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	Setbacks to Disposal System <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A			
HOLDING TANK	Annual Operating Permit Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____	High Level Alarm working properly? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____	Appears to be Watertight? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____	Pumping Records Available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____		
Note any Problems, Concerns or Comments:						
Disposal System						
TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	<input checked="" type="checkbox"/> Conventional	<input type="checkbox"/> Trench	<input type="checkbox"/> Pipe and Gravel	<input checked="" type="checkbox"/> Chambers	<input type="checkbox"/> Synthetic Aggregate	<input type="checkbox"/> Other
	Alternative/Other	Seepage Pit	Leaching Bed	Elevated System with Lift Station	ET Bed	Gray Water System Drip System
		Elevated System with Pressure-Dosing	Wisconsin Mound	Bottomless Sand Filter	Sand-lined Trench	Soil-Replacement
		Low-pressure Dosed Vault	Split-Flow Privy	Constructed Wetlands	Other:	
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____					
DISTRIBUTION BOX	Is there a D-Box on this system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO CONFIRM	Watertight & Equal Distribution of Flow? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE TO CONFIRM	Access to D-Box? (Required 2013) <input type="checkbox"/> YES <input type="checkbox"/> NO			
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 50	Method used to measure gallons? Bucket 5 gal, minutes: _____ Water meter: <input checked="" type="checkbox"/> Approximate:			
	Any Indication of Previous Failure? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Seepage Visible on Lawn? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Lush Vegetation Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	Evidence of Ponding Water in Field? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNABLE TO CONFIRM	Even Distribution of Effluent in Field? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNABLE TO CONFIRM	Any Septic Odor Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A Distance: _____ Feet	Setbacks to Neighbor's Well (100 ft) <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A Distance: _____ Feet	Setbacks to Public Water Well (200 ft) <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A Distance: _____ Feet			
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	Setbacks to Septic Tank <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm			

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LIQUID WASTE SYSTEM EVALUATION		Liquid Waste Permit Number: TA090182
<small>To be completed by Third Party Evaluator</small>		
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? <input checked="" type="radio"/> YES NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? <input checked="" type="radio"/> N/A Yes No Unable to Confirm
Note any Problems, Concerns or Comments: 		

<input type="checkbox"/> Not Applicable <small>check here if not applicable</small> Advanced Treatment System			
<i>ATSS can only be evaluated by a Qualified Maintenance Service Provider.</i>		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	Disinfection unit is working properly? Chlorine UV Other: _____ YES NO N/A
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	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A _____	Mfr's Maintenance Checklist Attached: YES NO	Level of Treatment Required for: Lot size Clearance Setback Soil
Note any Problems, Concerns or Comments: 			

<input type="checkbox"/> Not Applicable <small>check here if not applicable</small> Pump Systems			
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

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Liquid Waste Permit Number:

TA090182

Property Transfer Evaluation Summary

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 N/A

Evaluator Recommendations Circle All that Apply

Liquid waste system appears to be functioning properly

Septic Tank Needs Replacement Septic Tank Needs Repairs

Disposal System Needs Replacement/Expansion or Repairs ATS 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: CHRIS ESPINORA Evaluator's Signature: [Signature] Date: 04-18-2023

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

- 1** Immediate action is required by property owner to remedy hazard
- 2** 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.
- 3** 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>4/18/23</u>	Payment Received By: <u>St. J. A.</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

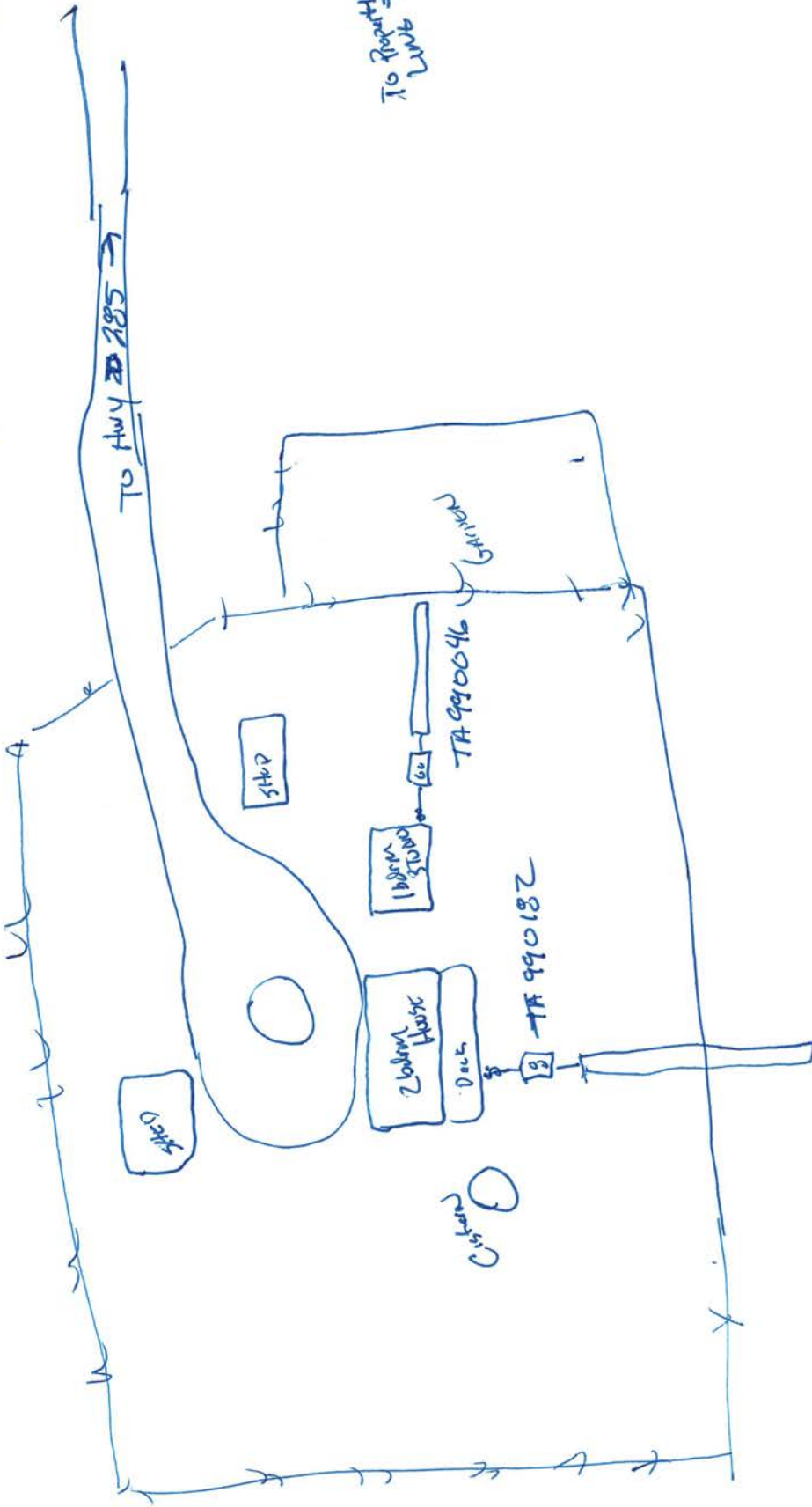
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To Property line
Site Point
36712 Hwy 285
39.956 Acres



To Property line

Property line

Property line



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA990046

Ja TA 090 182

NMED Inspection Required No Yes, Call 758-8808 for Appointment Date NMED Received: _____

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

Taylor Samuel T. 737-0468 same

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

P.O. Box 40 Trees Pedsus NM 87577

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

36387 W. S. Hwy 2.85 16.5 mi S of Trees Pedsus (TAS) W. side

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE

25N 10E 7 SE 1/4 SE 1/4 36-24-3AN 10S-51-44W

INSTALLER'S NAME & FIRM: PHONE:

Homeowner

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

P.O. Box 40 Trees Pedsus NM 87577

CID License No./ Certification MM-1 MM-98 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 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 _____ no. of bedrooms _____ gpd
 - Multiple family units; _____ no. of units; _____ no. bedrooms per unit _____ gpd
 - Other (type) Studio Flow sizing units _____ 5 gpd
- B. Are there other sewage sources on this property? Yes No

TOTAL WASTEWATER FLOW ON PROPERTY = 150 155 GPD

III. SITE INFORMATION

A. Lot Size: 120 Acres Date of Record: 1978
(nearest 0.01 acre) (Plat Date or Subdivision Date)

- B. Depth from Ground Surface to:
 - Seasonal High Water Table _____ feet NONE
 - Bedrock, Caliche, Tight Clay _____ feet 6
 - Gravel, Cobbles, Highly permeable soil _____ 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; _____
 - Other; (describe) _____

Soil Percolation Rate: 24 min/inch (attach percolation test record)

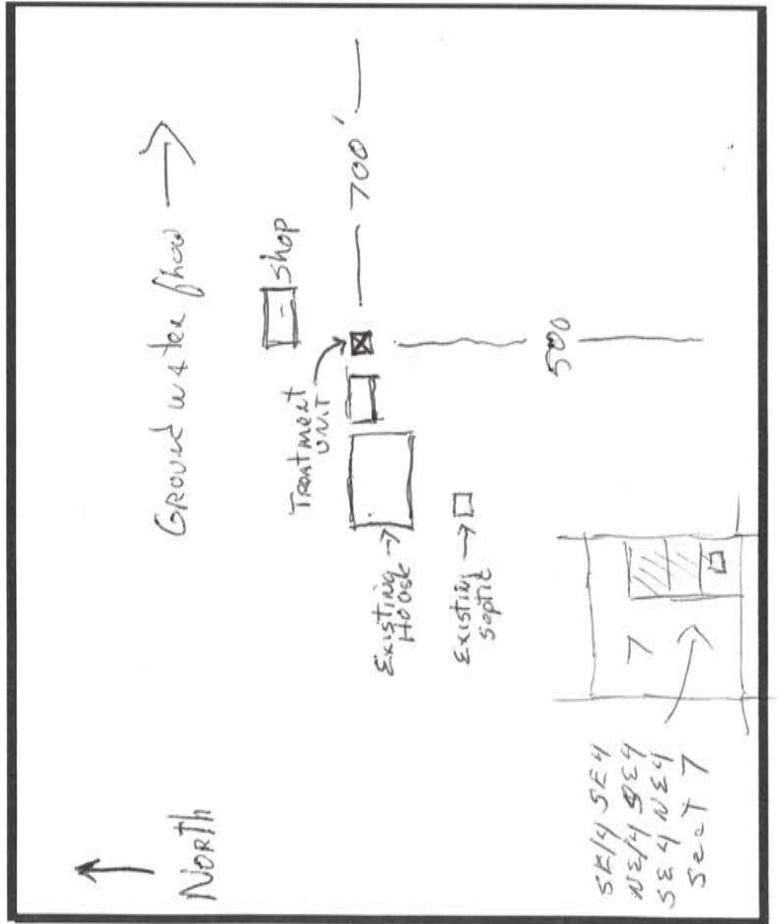
- D. Domestic Water Source: On-site Off-site; CISTERN
- Private Public Shared
- Irrigation Well or Flood Irrigated Area on the lot. Yes No

IV. SYSTEM DESIGN

- A. Treatment Unit:
 - Septic Tank Capacity 1000 Gallons
 - Manufacturer: SUVA Certification No.: _____
 - Other (specify): _____
- B. Disposal System:
 - Trench Bed Seepage Pit Mound
 - Evapotranspiration Other, specify: SEALED WATER WELLS
 - Materials: _____ Pipe and gravel _____ Gravelless (specify) 1" GIL-TILE LEAS
- C. Minimum required absorption area N/A square feet
Trench or Bed width 3 ft. Gravel depth below distribution pipe N/A ft.
Total Trench or Bed length 50 ft. Number of trenches: _____
Number of gravelless units 6 8
- D. Depth from ground surface to bottom of absorption area 3 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:
500 ft. Property line	500 ft.
700 ft. Property line	700 ft.
12 ft. Buildings	12 ft.
100 ft. Structures	100 ft. Shop
None ft. Wells	None ft.
None ft. Irrigation	None ft.
None ft. Arroyos	None ft.
None ft. Surface water	None 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 Samuel Ziegler Date 3/

Other _____

Construction of the liquid waste disposal system by: _____

to conditions _____ Denied _____

Reasons for Denial: EVERY 6 MONTHS FIRST

CHANGED TO INFIL SYSTEM

Date 3/26/99

to meet any condition specified; for providing inaccurate or

information; or for failure to notify NMED that the system is completed. If you have questions call: _____

NMED Inspection History _____ NMED Representative _____ Date _____

4/5 REUSED TO DISCHARGE

VIII. NMED FINAL APPROVAL:

The system described above _____ was _____ as not inspected.

NMED Representative _____ Date _____



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 Connie Taylor Phone 575-751-3767
 *Mailing Address P.O. Box 1994 City EL Prado State NM Zip 87529
 *Site Address Hwy 285 nm 367 Lot Size 40 acres
 Property location: Township 25N Range 10E Section/Qtr SE4SE4
 Subdivision _____ Unit No. _____ Block No. _____ Lot No. _____
 Uniform Property Code 1055149 400 150
 *Liquid Waste Permit No. TA990046 Date of Permit 3-26-99 Permit for 0 Bedrooms Studio
 (If no liquid waste permit exists contact NMED)

Is dwelling unoccupied (yes or no - For how long?): yes Number of bedrooms currently in dwelling: 0 studio
 Number of people occupying the dwelling: Currently 0 Anticipated 0
 Original septic system? Yes No Is there a garbage disposal? Yes No
 Date of system installation 3-26-99 date tank was last pumped 7/23/10
 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 permit # TA090182

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 N.M. ENVIRONMENT DEPT
 DISTRICT 11
 TAOS FIELD OFFICE

DRINKING WATER SOURCE:
 County Well Permit No. NA New Mexico State Engineer's Well Permit No. NA
 On site _____ Off site _____ Private _____ Shared _____ Community water system name _____
 Location of well (address) No well cisterns

Name of Realtor (if applicable) Cynthia Anderson Phone Coldwell
 The above information is true to the best of my knowledge.

*Owner name (Print) Connie Taylor *Date 7-23-10
 *Signature Connie Taylor

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,

* CHRIS ESPINOZA 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 Chris Espinoza

*System Evaluator SAME

*CID License Type (circle one) MM98 MM01 MS03 MS01 License No. 300941

*NAWT Registration No. _____ Expiration Date _____ Phone _____

*Signature Chris Espinoza Date 7/23/10

ONSITE WASTEWATER SYSTEM

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

*Holding Tank _____, (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): 155

*Tank Latitude 36° 24.32N *Tank Longitude 105.° 34.44W *Tank Elevation 7154
(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'

*Size, in gallons: 1000 *Tank material Concrete Tank manufacturer SILVA Date 3/99

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 RAY'S SEPTIC PUMPING
Approximate gallons pumped 1000 Date pumped 7/23/10

*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)

*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: _____
- 2) Absorption system is in Acceptable Unacceptable condition.
Comments: _____
- 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,

* Chris Espinoza (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: Mark VA Date 8/6/10