



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: TA 990046	
To be completed by Owner or Owner's Representative				
EXISTING PERMIT INFORMATION	Existing Permit Number(s) TA 990046	Lot Size on Permit (to 0.01 acres) 1.20	Number of Bedrooms on Permit 1	
CURRENT OWNER INFORMATION	Name JEANNIE GLOFF + MARCIE 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) 29.956	
	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? <input checked="" type="radio"/> YES <input type="radio"/> NO	Describe Current Number of Bedrooms In Other Residential Structures: Main House 2bdm	
WATER SOURCE	Water Source (Circle One) Cisterns Private Well <input type="checkbox"/> Public Water <input checked="" type="checkbox"/> Shared Well No. Connections _____	Well on your property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Well Permit Number	
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If YES, What Permit Numbers? TA090182	Describe Other Sources Main House 2bdm	
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 Soco Septic	Name of Septage Pumper Billy Romero	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 Chris Espinoza		Signature [Signature]		Date 04-18-2023

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APR 18 2023

LIQUID WASTE SYSTEM EVALUATION				Liquid Waste Permit Number: TA990046	
To be completed by Third Party Evaluator					
Septic Tank					
LOCATION	Latitude (DD.dddd°)		Longitude (DDD.dddd°)		Elevation (Feet)
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____		Material Concrete Plastic Fiberglass Other Note: _____		Manufacturer of Tank SILVA'S
Tank Dimensions: (ext lth x wth x lq dth, inches) 5 x 8 x 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) 1999
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 type="checkbox"/> NO <input type="checkbox"/> Not Required
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2		Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" req'd) <input checked="" type="checkbox"/> 24" <input type="checkbox"/> 30" Other: _____		Material: (metal prohibited) <input checked="" type="checkbox"/> Concrete coated <input type="checkbox"/> Plastic Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>1000</u> Gallons		Water Level in Tank at Outlet (Circle One) Above Invert <input type="checkbox"/> At Invert <input checked="" 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		
	Elevated System with Pressure-Dosing Low-pressure Dosed Vault Privy Constructed Wetlands		Wisconsin Mound Bottomless Sand Filter Sand-lined Trench Soil-Replacement		
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 type="checkbox"/> YES <input checked="" 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: <u>50</u>		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 type="checkbox"/> YES <input checked="" 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) 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 <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: TA990046
<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	Are Results of Maintenance & Monitoring Report Attached? YES NO
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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NMED TAOS FIELD OFFICE

Property Transfer Evaluation Summary			Liquid Waste Permit Number: TA990046	
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 <small>(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)</small>			Circle One <small>You must circle one for each item or this form will be considered incomplete</small>	
1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES¹	<input checked="" type="radio"/> NO
2	Septic Tank/ Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	<input checked="" type="radio"/> YES	<input type="radio"/> NO²
3	Disposal System	Does the disposal system appear to be functioning properly?	<input checked="" type="radio"/> YES	<input type="radio"/> NO²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	<input checked="" type="radio"/> YES	<input type="radio"/> NO²
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO³
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO³
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?	YES³	<input checked="" type="radio"/> NO
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? <i>(Required for All ATSS)</i>	YES	<input type="radio"/> NO² <input checked="" type="radio"/> NA
Evaluator Recommendations <i>Circle All that Apply</i>		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 Espinoza		Evaluator's Signature <i>[Signature]</i>		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: \$50.00	Invoice #	Date Paid: 4/18/23	Payment Received By St. J. H.
Return this completed report to the local NMED Field Office within 15 days of the evaluation.			NMED DATE STAMP for Date Received RECEIVED APR 18 2023	
This form is valid for 180 days after the date the evaluation was conducted.			NMED TAOS FIELD OFFICE	

↑
To Property line

5166 PINT
36712 Hwy 2855
391.956 ACRES

N
↗



To Property line

↓
Property line

↘
Property line

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NMED TAOS FIELD OFFICE

ENVIRONMENTAL DEPT
DISTRICT 11
TAOS FIELD OFFICE
SEP 08 2009



APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

NMED Permit Number: TA090182

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Date Received: SEP 08 2009

NMED Use Only: to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 50.00
 Call Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other: _____

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:
Taylor Connie 719-846-7311
 MAILING ADDRESS: Street/PO Box, City State Zip Code
P.O. Box 135 HOEHNE CO 81046
 SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)
36717 US Hwy 285 N. Marker #367
 SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT
15 M. South of TR5 HDPMAS
 UNIFORM PROPERTY CODE: 1055149 400 150
 TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE ELEV
85N 06E 7 SE 1/4 36 2432N 105 54 44W
 INSTALLER'S NAME & FIRM: PHONE:
Chris Espinoza 758-7836
 MAILING ADDRESS: Street/PO Box City State ZIP
HC-68 Box 17-C TAOS NM 87571
 CID License No./Class MM-1 MM-98 MS-1 XMS-3 Homeowner
30044

B. Depth from Ground Surface to:
 Seasonal High Water Table 100+ feet
 Bedrock, Caliche, Tight Clay 10+ feet
 Gravel, Cobbles, Highly permeable soil 10+ feet
 C. Soil Description:
 USDA Soil Class Methodology & Verification Submitted? Yes No
 Type Ia=1.25 sf/gal/day Type Ib=2 sf/gal/day Type II= 2 sf/gal/day
 Type III=2 sf/gal/day Type IV=5 sf/gal/day
 D. Domestic Water Source:
 On-site Off-site Private Public Shared
 Irrigation well, or flood irrigated area on lot? Yes No Cistern
 State Engineer Well Permit #: _____
 Name of Public Water System: _____

IV. SYSTEM DESIGN
 A. Treatment Unit:
 Septic tank Manufacturer: Ernest Plumbing Capacity 1000 gal
 Certification No.: _____
 _____ Disinfection _____ Other (specify): _____
 _____ Manufacturer: _____ Model: _____
 Voluntary ATS
 _____ Disinfection _____ Secondary _____ Tertiary _____ Sand filter
 _____ ATS (Advanced Treatment System) _____

B. Disposal System:
 Trench Leaching Bed Seepage Pit
 Holding tank Elevated Bed Wisconsin Mound
 Vault Lined Evapotranspiration (ET) Bed Unlined ET Bed
 Irrigation Low pressure dosed Drip
 Other (specify): _____
 Materials: Pipe & Gravel Gravelless (type): 12 F. 14 FTBS
 Distribution box: Yes No

C. Minimum required absorption area:
 AR 2 x Q 300 = 600 SQFT
 (AR - Application Rate) (Q - Design Flow)
 Trench or Bed width = 3 ft.
 Gravel depth below pipe = 124 ft.
 Total Trench or Bed Length = _____ ; (3) _____ ; (4) _____
 Length of Trenches = (1) 124 ; (2) 31 ; (3) _____ ; (4) _____
 Number of Gravelless Units = 31 SQFT
 Proposed Absorption Area of System = 600 SQFT
 D. Depth from ground surface to bottom of absorption area = 4 ft.

I. PERMIT APPLICATION (instructions available on request)
 Application is for: New Permit Registration - existing unpermitted system
 Modification of an existing system ATS ownership transfer
 Existing Permit No. (if applicable): _____

II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)
 A. Proposed liquid waste system use and design flow:
 Single family residence 2 no. of bedrooms 300 gpd
 Multiple family units _____ no. of units; _____ no. bedrooms per unit _____ gpd
 Seasonal residence _____ gpd
 Commercial/Institutional (type): _____ Fixture units: _____ gpd
 Other (type): _____ gpd
 B. Are there other sewage sources on this property? Yes No
 TOTAL WASTEWATER FLOW ON PROPERTY - 155 gpd
455 gpd
 Permit # TA990046


III. SITE INFORMATION
 A. Lot Size: 40 Acres Date of Record: 10-24-78
 (nearest 0.01 acre) (Plat Date or Subdivision Date)
 Ownership and lot size documentation attached: Warranty deed Property tax receipt
 Recorded plat _____ Other, specify: _____

NMED Permit Number: TA090182

V. **SITE PLAN:** Attach plat, diagram or picture file of the lot and liquid waste system. Show setback distances from both the tank and disposal field to property lines, buildings, structures, wells, water lines, irrigation ditches, arroyos and surface waters within 200 feet of the system, and the direction of groundwater flow.

NMED Use: A plat, drawing or picture, including setback distances, in accordance with 20.7.3.302:
 IS attached


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

 9/2/09
Signature _____ Date _____
Owner Contractor Other, specify: _____

VII. **NMED PERMIT TO CONSTRUCT** (For Registrations, ATS Ownership Transfer, or Permitting of Existing Unpermitted Systems installed after February 1, 2002 skip this section and go to Section VIII):

A permit for construction of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied

Permit Conditions or Reasons for Denial: _____


 _____ 9/14/09
NMED 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 NMED to schedule an inspection, a minimum of 2 working days prior to the inspection.
If you have questions call: _____

VIII. **NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:**
The system described above: was inspected by NMED Contractor photo inspection authorized

NMED Inspection History _____ NMED Representative _____ Date 10/9/09
SITE INSPECTION - OK TO COVER UTK

A permit for operation of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied

Conditions of Approval: _____
 _____ 10/9/09
NMED Representative _____ Date _____

Permit TA0901802

Site Plan

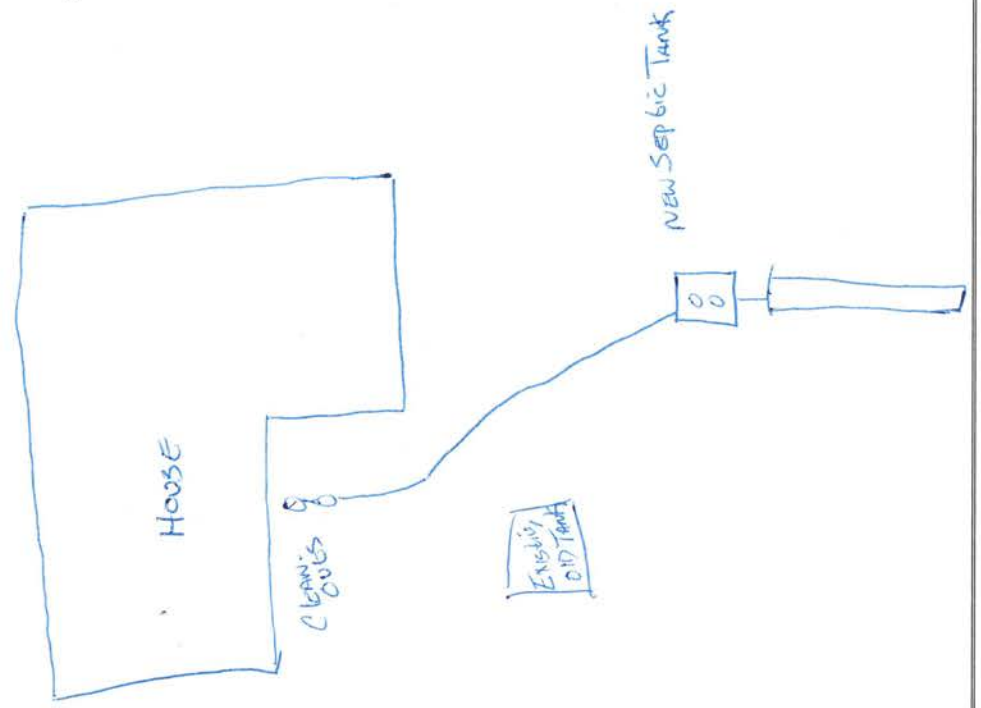
Diagram the lot and liquid waste system. Show setbacks to the objects (on or off the property) within 200 feet i.e. property lines, buildings, structures, wells, irrigation, arroyos, surface water. Failure to disclose all setback items may result in cancellation of your permit.

Setback from tank to:

	ft	Property Line	ft	Property Line	ft
Property Line	500	Property Line	500	ft	
Property Line	700	Property Line	700	ft	
Buildings	531	Buildings	500	ft	
Structures	1000	Structures	1000	ft	
Wells	NONE	Wells	NONE	ft	
Irrigation	NONE	Irrigation	NONE	ft	
Arroyos	NONE	Arroyos	NONE	ft	
Surface Water	NONE	Surface Water	NONE	ft	

Setback for leach field to:

	ft
Property Line	500
Property Line	700
Buildings	500
Structures	1000
Wells	NONE
Irrigation	NONE
Arroyos	NONE
Surface Water	NONE



CLEAN

EXISTING OLD TANK

NEW SEPTIC TANK



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 _____
 *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 10 E Section/Qtr SE 1/4 SE 1/4
 Subdivision _____ Unit No. _____ Block No. _____ Lot No. _____
 Uniform Property Code 1055149 400150
 *Liquid Waste Permit No. TA090182 Date of Permit 9-8-10 Permit for 2 Bedrooms

(If no liquid waste permit exists contact NMED)

Is dwelling unoccupied (yes or no - For how long?): _____ Number of bedrooms currently in dwelling: 2
 Number of people occupying the dwelling: Currently one Anticipated two

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

Date of system installation 9-10-10 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 _____

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 N.M. ENVIRONMENT DEPT
 DISTRICT 11
 TAOS FIELD OFFICE

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

Other relevant information TA990046

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

Revised July 1, 2008 Owner Name CONNIE TAYLOR Permit No. TA090182

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 (Print) License No. 30044

*NAWT Registration No. _____ Expiration Date _____ Phone 758-9836

*Signature _____ 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): 300

*Tank Latitude 36° 24' 32" N *Tank Longitude 105° 54' 44" W *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 EMERT PUMP Date 9/2009

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 KAY 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)

Revised July 1, 2008 Owner Name CONNIE TAYLOR Permit No. TA090182

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

Note setback distances NO WELL (CISTERN)

Determine approximate distance between water well and soil absorption system.

*Approximate distance is CISTERN feet.

*Does the system contain a dosing or pump tank? ___ Yes X 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:**

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) X Bed _____ Seepage pit(s) Y Gravelless, Specify 31 INFILTRATORS Dosing _____
 Drip _____ ET Bed _____ Other _____ Dbox required _____ Dbox installed _____
 Drainfield area square feet 600 Number of trenches 1 Width of trench(es) 3
 Length of trench(es) 124 Depth of stone below pipe — Depth of trench(es) 4
 Does system include a pump? ___ Yes X No Pump Type _____
 Additional information _____

*Graywater System: ___ Yes X No Surface Discharge? ___ Yes X 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 CONNIE TAYLOR Permit No. _____

*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: [Signature] Date 8/6/10