



Construction
Industries Division
STATE OF NEW MEXICO
Environment
Department

PERMIT
TO INSTALL OR MODIFY
AN INDIVIDUAL LIQUID WASTE SYSTEM

0291
0252
NMED Permit Number
TA94455
CID Permit Number
0556255-6

DIRECTIONS: All sections must be filled out completely. You must obtain NMED and CID/MHD approval prior to installing a system.

SYSTEM OWNER'S NAME - Last, First and Middle <i>Aley, Adam</i>		HOME PHONE <i>758-1787</i>	BUSINESS PHONE
MAILING ADDRESS - Street/P.O. Box, City, State and Zip Code <i>P.O. Box 2351 Juan, N.Mex. 87571</i>			
LOCATION OF SYSTEM - Street Address, and directions to site (attach map if needed) <i>Highway 4 Colonial - see map</i>			COUNTY <i>Juan</i>
SUBDIVISION, Block and lot		TOWNSHIP-RANGE-SECTION	
INSTALLER'S NAME AND FIRM <i>Silvio Excavation</i>			PHONE <i>758-9562</i>
MAILING ADDRESS-Street/P.O. Box, City, State and Zip Code <i>P.O. Box 1011 El Rodeo, N.M. 87529</i>			
C.I.D. License Number and Certification <i>#10047</i>	MM-1 <input type="checkbox"/>	MM-98 <input type="checkbox"/>	MS-1 <input type="checkbox"/>
			MS-3 <input checked="" type="checkbox"/>
			HOMEOWNER <input type="checkbox"/>

I. PERMIT APPLICATION

- A. Application for: new system modification/replacement mobile home: yes no
- B. System is: conventional alternative holding tank (vault) other _____
- C. Includes: verification of plat date variance application plans with engineer seal other _____

II. WASTEWATER SOURCES AND DESIGN FLOWS IN GALLONS PER DAY (GPD)

- A. Proposed liquid waste system use and design flow:
- single family: number of bedrooms 2
 - multiple family: number of units _____ number bedrooms per unit _____
 - other (type _____) flow sizing units _____
- } GPD 300
- B. Are there existing liquid waste sources on property and flows:
- single family: number of bedrooms _____
 - multiple family: number of units _____ number bedrooms per unit _____
 - other (type _____) flow sizing units _____
- } GPD _____
- C. Are there any other wastewater sources, not listed in A or B, on property:
_____ = GPD _____
- D. Total Design Flow on Property (Total A + B + C =)
GPD 300

See permit #TA94455

RECEIVED
DEC 09 1994 JAL

III. SITE INFORMATION

- A. Lot size 1.46 acres or _____ square feet. Date of record (plat date) _____
(nearest .01 acres)
- B. Is there room for a replacement system or additional leaching area? Number of square feet _____
- C. Check all of the following which appear on the property:
 surface water rock outcrops irrigation over 15' slope wells
- D. Depth from the ground surface to:
 Top of Seasonal High Water Table 25'
 Bedrock, Caliche, or Tight Clay _____
 Gravel, Cobbles, or Highly Permeable Soils _____
- E. Soil type: (see instructions under III Site Information on back of page)

- coarse sand or gravel: give percolation rate 9.52 (min./in.)
- fine sand
- sandy loam or sandy clay
- clay with considerable sand or gravel
- clay with small amount of sand or gravel
- other: give percolation rate _____ (min./in.)

F. Water source for the lot?

Off-site or On-site Public or Private Shared Other

IV. SYSTEM DESIGN

A. Treatment unit: septic tank other - specify

Size 1000 (capacity in gallons) Manufacturer Silva's Excavation

B. Leaching area: trench bed seepage pit other (specify)

Trench or bed dimensions: 188 = width 3 x [length 40 (ft.) + 105 + 70 (ft.) + (ft.)] (square feet)

Other (seepage pit, etc.) dimensions: = (square feet) (measurements)

C. Depth of gravel below drain pipe 2 in. or ft. Distance from ground surface to bottom of leaching area 4.5' in. or ft.

D. Site Plan: Follow instructions on top of page 3.

V. APPLICATION. The foregoing information is correct and true to the best of my knowledge. I understand that the issuing of the permit does not relieve me from the responsibility of complying with all applicable provisions of the New Mexico Uniform 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 regulations or ordinances or other requirements of state or federal law.

OWNER

CONTRACTOR

[Signature]
Signature

12-7-94
Date

VI. NMED PERMIT. A permit for construction of the liquid waste disposal system described herein is hereby:

granted granted subject to conditions (cite regulations) denied (cite regulations)

William C. King
NMED Signature

12/12/94
Date

Reasons for Denial or Conditions. Failure to meet the conditions of this section invalidates the permit, and is subject to enforcement.

* Call for an installation inspection by NMED prior to system cover-up if this box is checked . Phone No. 758-8808

Type of inspection done: pre-permit during installation/after installation

VII. CID PERMIT. There is a fee for a CID permit. A permit for construction of the liquid waste disposal system described herein is hereby:

granted granted subject to conditions denied

CID/MHD Signature

Date

Conditions. Failure to meet the conditions of this section invalidates the permit, and is subject to enforcement

INSPECTION. The private sewage disposal system described herein meets does not meet the design and construction requirement of the Construction Industries Commission's New Mexico Uniform Plumbing Code.

CID/MHD Signature

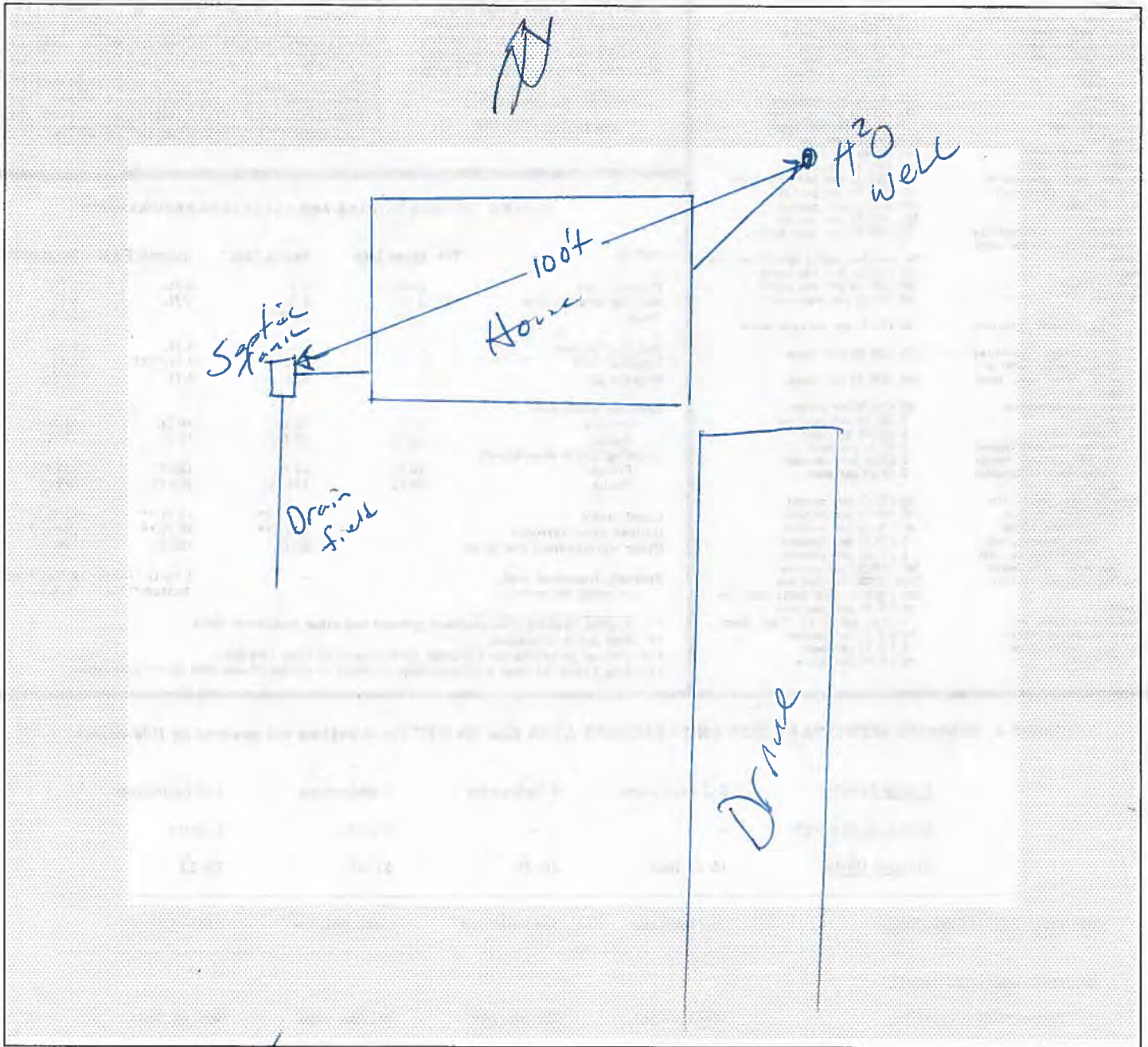
Title

Date

Site Plan. (use this sheet or attached 8-1/2 by 11 sheet to application). Diagram the liquid waste system (bird's eye view). Show setback distances to any objects in Table 3 (back of form). Include the following landmarks within 200 feet of the systems.

- a) proposed and existing buildings, driveways, water lines and wells;
- b) direction of groundwater movement, any surface water, irrigated areas, arroyos, rock outcrops or steeply sloping areas;
- c) property lines and dimensions of the parcel where the system is to be located.
- d) location of other wastewater disposal systems on the property.

(Draw the system within the clear area and use the grey area to show features off the site)



This is: a proposed plan as built plan .

Note: Any changes made in design, after NMED has issued a permit, must be approved by NMED prior to installation.

Date and initial: INSTALLER _____ DATE _____ NMED _____ DATE _____

Comments: _____

R 13 E, NMPM
T 26
Section 20
Section 30

Overall Tract
4.000 acre
pt. Tract 21, Map 4, Su
Unzoned—no build
D4 D5

*Position
the Home
Well loc.
Slightly
Yard (new) going in*

Tract A-2
1.000 acre±



rail fence is 3.6'
inside of survey line.

ce is 2.1'
f survey line.

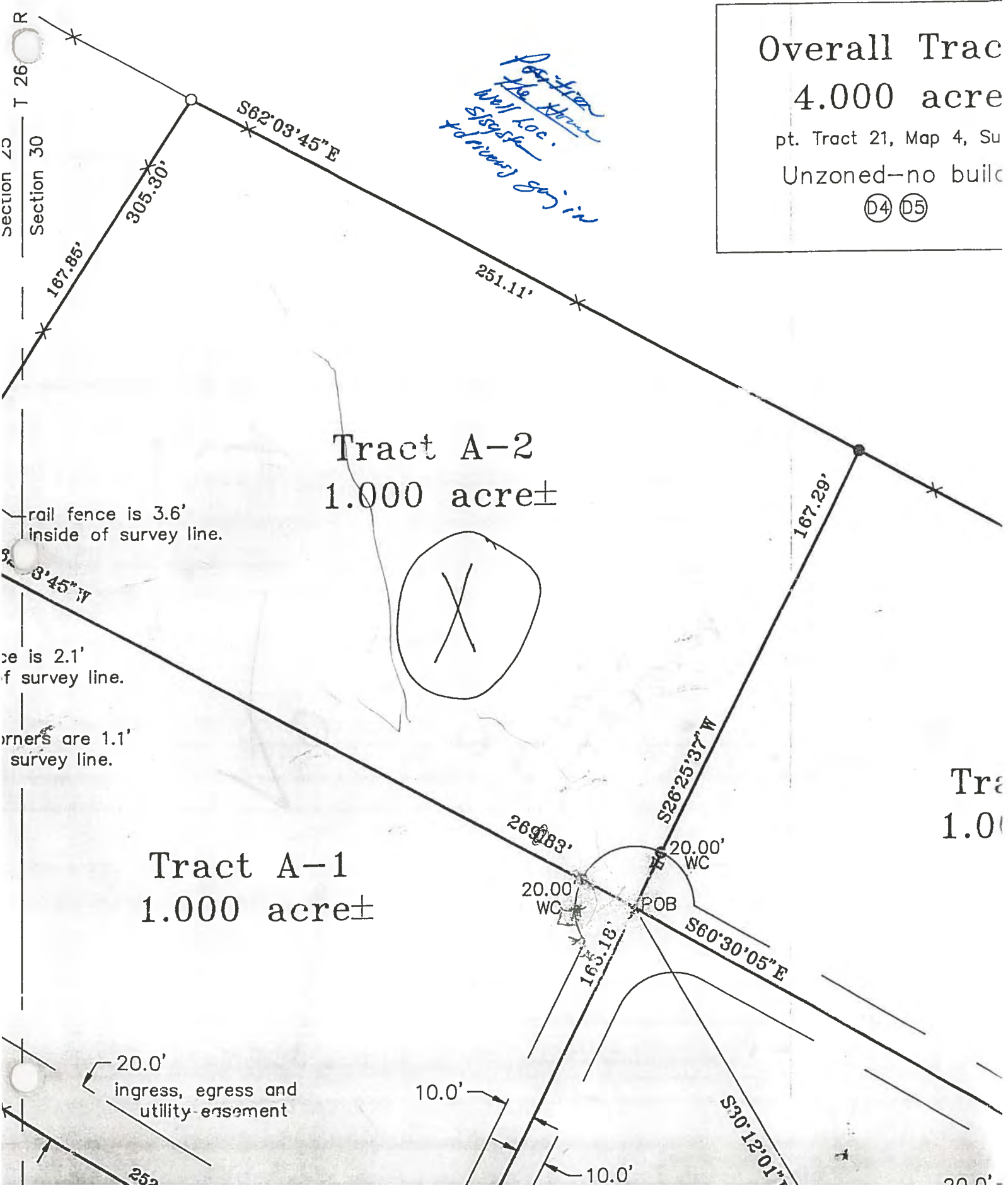
corners are 1.1'
survey line.

Tract A-1
1.000 acre±

Tract
1.00

20.0'
ingress, egress and
utility easement

10.0'
10.0'



Property Description

Tract A

A tract of land near Colonias, Taos County, New Mexico; within the Antonio Martinez Grant; shown on the Taos County Property ID Maps in Projected Sections 25 and 30, Township 26 North, Range 13 East, NMPM, also described as part of Tract 21, Map 4, Survey 2 of the 1941 Taos County Reassessment Survey; and more particularly described as follows;

BEGINNING at the SE corner of this tract, a 1/2" rebar set with a cap stamped LS 11770, at a fence line, from whence reference marker "York", a 1973 State Engineer Office brass cap monument, bears S 31° 19' 58" E, 889.39 ft. distant, thence along a fence line;

N 58° 26' 48" W, 508.12 ft. to a 1/2" rebar found on the easterly right-of-way of State Road 522, thence leaving said fence line and along said right-of-way;

N 40° 57' 47" W, 36.88 ft. to the SW corner of this tract, a 1/2" rebar found, thence leaving said right-of-way;

N 32° 49' 47" E, 305.30 ft. to the NW corner of this tract, a 1/2" rebar found at a fence tee, thence along a fence line;

S 62° 03' 45" E, 451.82 ft. to a 3/8" rebar found at a fence tee, thence along a fence line;

S 62° 06' 37" E, 54.44 ft. to the NE corner of this tract, a 1/2" rebar set, thence leaving said fence line;

S 26° 25' 37" W, 349.68 ft. to the POINT OF BEGINNING.

This tract contains 4.000 acres, more or less, as shown on Red Tail Survey plat #248A, entitled Cabot to Haley, dated 07/26/94, prepared by Robert A. Watt NMPS #11770.



STATE OF NEW MEXICO
Environmental
Improvement Division

PERCOLATION TEST RECORD
FOR INDIVIDUAL LOTS

OWNER'S NAME - Last, First and Middle: Questar Const Adam Haley HOME PHONE: 758-1787 BUSINESS PHONE: _____
 MAILING ADDRESS - Street/P.O. Box, City, State and Zip Code: P.O. Box 2351 Taos N.M. 87571
 LOCATION OF PROPERTY: Los Colonias Upper

Test Hole Number 1

Depth of hole 36"

Time	Distance to Top of Water	Actual Water Level Drop
<u>3:00</u>	<u>29"</u>	<u>-0-</u>
<u>3:40</u>	<u>32"</u>	<u>3</u>
<u>3:20</u>	<u>33"</u>	<u>1</u>
<u>3:30</u>	<u>Refill to 29"</u> <u>30</u>	<u>1</u>
<u>3:40</u>	<u>31 1/2</u>	<u>1 1/2</u>
<u>3:50</u>	<u>32 3/4</u>	<u>1 1/4</u>
<u>4:00</u>	<u>33 1/2</u>	<u>3/4</u>

Test Hole Number 2

Depth of hole 36"

Time	Distance to Top of Water	Actual Water Level Drop
<u>3:00</u>	<u>26"</u>	<u>0</u>
<u>3:00</u>	<u>28"</u>	<u>2"</u>
<u>3:20</u>	<u>30"</u>	<u>2"</u>
<u>3:30</u>	<u>32"</u> <u>Refill to 26"</u>	<u>2"</u>
<u>3:40</u>	<u>28"</u>	<u>2"</u>
<u>3:50</u>	<u>30"</u>	<u>2"</u>
<u>4:00</u>	<u>31 3/4"</u>	<u>1 3/4"</u>

Percolation Rate

Percolation rate = Time interval used, in minutes ÷ Last water level drop, in inches

Test Hole Number 1 : _____ minutes ÷ _____ inches = 13.33 min/in

Test Hole Number 2 : _____ minutes ÷ _____ inches = 5.71 min/in Average 9.52 min/in

Test completed by: Math All Date: _____

Owner Contractor Other -specify _____

Report reviewed by: _____ Date: _____

Title: _____



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA980254

NMED Inspection Required No Yes, Call 7588808 for Appointment

Date NMED Received: 11/19/98

SYSTEM OWNER'S NAME: Last, First, MI. Home Phone: Business Phone: Haley David 776-5541

MAILING ADDRESS: Street/PO Box, City, State, Zip Code P.O. Box 2351 Taos NM 87571

SYSTEM LOCATION: Street Address/Location - give directions to site County: #27 Pueblo Rd. Las Colonias, Taos (Next to Villa Fontana Restri.)

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE TRACT - A-2

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE 13 26 N

INSTALLER'S NAME & FIRM: PHONE: YAG SUAZO INC

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

CID License No./ Certification MM-1 MM-98 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 B. Replacement of an existing system C. Modification to an existing system

II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd) A. Proposed liquid waste system use and design flow: Single family residence with 1 no. of bedrooms Multiple family units; no. of units; no. bedrooms per unit Other (type); Flow sizing units

B. Are there other sewage sources on this property? Yes No TOTAL WASTEWATER FLOW ON PROPERTY = 450 GPD

III. SITE INFORMATION A. Lot Size: 4.8 Acres (nearest 0.01 acre) Date of Record: (Plat Date or Subdivision Date)

B. Depth from Ground Surface to: Seasonal High Water Table 27.5 feet Bedrock, Caliche, Tight Clay Gravel, Cobbles, Highly permeable soil

C. Soil Description: (NMED may require both texture description and percolation rate) Texture: Coarse sand or gravel; (give percolation rate below) 9.52 Sand; (give percolation rate below) Fine Sand Sandy Loam; Loam; Silty Loam; Clay Loam; Clay; Other; (describe) TA94155 TA940291

Soil Percolation Rate: 9.52 min/inch (attach percolation test record)

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

IV. SYSTEM DESIGN A. Treatment Unit: Septic Tank Capacity 1250 Gallons Manufacturer: Silver Certification No. Other (specify):

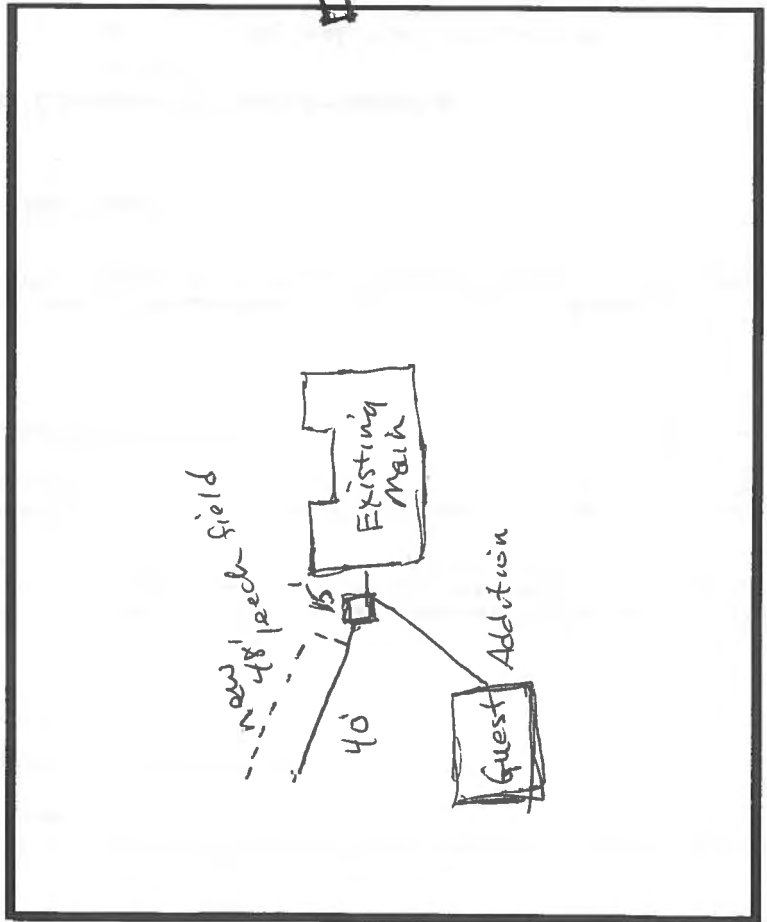
B. Disposal System: Trench Bed Seepage Pit Mound Evapotranspiration Other, specify: Materials: Pipe and gravel Gravelless (specify)

C. Minimum required absorption area 444 square feet Trench or Bed width 3 ft. Gravel depth below distribution pipe 2 ft. Total Trench or Bed length 88 ft. Number of trenches: 2 Number of gravelless units

D. Depth from ground surface to bottom of absorption area 4.5 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:
40 ft. Property line	35 ft.
80 ft. Property line	40 ft.
85 ft. Buildings	30 ft.
150 ft. Structures	165 ft.
— ft. Wells	— ft.
— ft. Irrigation	— ft.
— ft. Arroyos	— ft.
— ft. Surface water	— 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 11/9/98

Owner _____ Contractor _____ Other _____

VII. **NMED PERMIT** A permit for construction of the liquid waste disposal system described herein is hereby:

_____ Granted Conditions _____ Denied
 Reasons for Denial:

- ① VERIFICATION OF TANK SIZE
- ② INSPECTION OF EXPANDED SYSTEM

_____ William C. King _____
 NMED Representative Date 11/13/98

NOTE: This permit may be canceled for failure to meet any condition specified; failure to complete the system within one year; for providing inaccurate or incomplete information; or for failure to notify NMED that the system is completed. If you have questions call: 758-8808

NMED Inspection History _____ NMED Representative _____ Date _____
NOV DELIVERED ON-SITE WCKING 10/29/98

VIII. **NMED FINAL APPROVAL:**

The system described above was _____ was not inspected.

_____ WCKING _____
 NMED Representative Date 12/4/98



State of New Mexico
ENVIRONMENT DEPARTMENT



Onsite Liquid Waste System Inspection

Owner's Name: HALEY DAVID NMEPD Permit No.: TA980254
 System Location: END of PUEBLO RD, Los Conchos
 Installer's Name & Company: SUABO INC
 Type of Inspection: Initial Final Reinspection Other (specify)
 Inspector: WTK
 Inspection Date: 12/4/98

1. Building Sewer

- a. Proper material
- b. Slope = 1/4" per foot drop minimum

2. Septic Tank/Aerated Unit

- a. Properly located; 5' from property line, building, structure, domestic water line, disposal field, 10' from public water line and trees, 50' from streams, 50' from pvt well, 100' from public well
- b. Properly identified and labeled
- c. Oriented properly
- d. Level
- e. Inlet/outlet pipe properly sealed and watertight
- f. Fiberglass/plastic tanks installed per manufacturer's instructions/bedded with sand
- g. Manholes are properly located and of proper size
- h. Risers are proper size and height
- i. Inlet invert is 2 inches above outlet invert
- j. Fittings are properly vented; legs extend 12" minimum below water level
- k. Concrete tank coating is 6" below water level and of proper material
- l. Outlet pipe is level
- m. Properly backfilled and covered
- n. Filled and watertight

3. Disposal Bed, Trench or Pit



- a. Bed, Trench or Pit is properly sized
- b. Properly located; 5' from property line, building, structure, domestic water line, disposal field, 10' from public water line and trees, 50' from streams, 100' from private well, 200' from public well
- c. If gravelless system, proper number of units used
- d. Aggregate material is clean and of correct type and size
- e. Lines are on proper grade - 0" to 3" per 100'
- f. Aggregate material is properly covered with approved material

4. Distribution Box

- a. Set level on concrete slab, in natural or compacted soil
- b. Inside properly coated (concrete only)
- c. Invert of inlet is 1" above outlets which are of same height
- d. Baffled where necessary to provide equal flow to all outlets
- e. Located a minimum of 5' from disposal trenches, beds or pits
- 5. Seepage Pits
 - a. Top cover properly coated on underside
 - b. Domed covers covered with minimum 2" concrete extending 6" beyond pit wall
 - c. Brick or block laid end to end with staggered joints tight together
 - d. Sidewall inlet properly vented
 - e. Inlet/outlet fittings properly sealed with cement
 - f. Aggregate material is clean and proper amount used

Inspection Comments: OK TO COVER
 Inspector's Signature: WTK
 Date of Inspection: 12/4/98

NMED DATE STAMP this page above when it is received

 <p style="text-align: center;">State of New Mexico Environment Department Environmental Health Bureau</p> <p style="text-align: center;">PERMITTED ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT</p> 			
GENERAL INFORMATION			
To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>TA 980254</u>	Lot Size on Permit (to 0.01 acres) <u>1.00 ACRE</u>	Number of Bedrooms on Permit
CURRENT OWNER INFORMATION	Name <u>JEFFREY & JOY PARK</u>	Mailing Address <u>1112 ORO REALME ALBUQUERQUE, NM 87123</u>	Phone <u>505-452-</u>
PROPERTY INFORMATION	Site Address <u>27 PUEBLO ROAD EL PASO, NM</u>	Uniform Property Code <u>107915211451</u>	Lot Size (to 0.01 Acres) <u>1.00 ACRE</u>
	Township/Range/Section <u>26N 13E 30</u>	Subdivision	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 <u>2</u> 3 4 5 6 Other:	Other structure on property being used as a residence? <u>YES</u> NO	Describe Current Number of Bedrooms In Other Residential Structures: <u>1</u>
WATER SOURCE	Water Source (Circle One) Private Well Public Water <u>Shared Well</u>	Well on your property? <u>YES</u> NO	Well Permit Number <u>RG 61080</u>
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <u>NO</u>	If YES, What Permit Numbers?	Describe Other Sources:
THIRD PARTY EVALUATOR INFORMATION			
To be completed by Third Party Evaluator, Owner or Owner's Representative			
EVALUATOR INFORMATION	Name of Person Evaluating LW System <u>Dennis Fernandez</u>	Name of Company <u>Readrunner Septic</u>	Phone Number <u>575-770-0016</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 <u>MS-03</u> MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# <u>369197</u>	Expiration Date <u>3/17</u>
SEPTAGE PUMPER INFO	Name of Company <u>Readrunner Septic</u>	Name of Septage Pumper <u>Dennis Fernandez</u>	Is this person a Qualified Septage Pumper under Section 904(B) of Regulations? <u>YES</u> NO
OTHER INFORMATION			
<p>NOTICE TO OWNER OR AGENT: This report shall <u>not</u> be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. Your signature below attests that the above detailed information is correct and true to the best of your knowledge.</p>			
Owner or Representative Name Printed		Signature	Date
<u>SHARON GILSTER</u>		<u>Sharon Gilster</u>	<u>8/8/14</u>

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Date of Evaluation: _____

Septic Tank

LOCATION	Latitude (DD.ddddd°) N. 36.46554	Longitude (DDD.ddddd°) W. 105.60318	Elevation (Feet) 7207
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: 1250	Material Concrete Plastic Fiberglass Other	Manufacturer of Tank S. Ivar
	Tank Depth (Top of Tank to ground surface) 30 Feet	Covers Secure? YES NO	Year Tank Manufactured 1998
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 2005) YES NO Not Required only outlet	Effluent Filter? (Required 2005) YES NO Not Required	Handle on Effluent Filter? (Required 2013) YES NO Not Required
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 1250 +/- 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) OK NOT OK	Outlet Tee/Baffle (Circle One) OK NOT OK	Baffle Wall (Circle One) OK NOT OK
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: 100+ 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 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	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:

Added screws to secure riser lid.

Disposal System

TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	Conventional Trench Pipe and Gravel Chambers Synthetic Aggregate Other Seepage Pit Leaching Bed Elevated System with Lift Station	Alternative/Other Elevated System with Pressure-Dosing Wisconsin Mound ET Bed Gray Water System Drip System Low-pressure Dosed Split-Flow Bottomless Sand Filter Sand-lined Trench Soil-Replacement Vault Privy Constructed Wetlands Other:	
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: 100 +/-	Other Method? YES NO Describe:
	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: 100+ 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
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? YES NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? N/A Yes No Unable to Confirm	

Note any Problems, Concerns or Comments:

Liquid Waste Permit Number: TA 980254

Advanced Treatment System []Not Applicable check here if not applicable

Advanced Treatment Systems can only be evaluated by a Qualified Maintenance Service Provider. Are you a Qualified MSP? YES NO

TYPE OF ATS	Name of Manufacturer	Model/Capacity	What Level of Treatment Secondary Tertiary Disinfection
FUNCTIONALITY	Aerator is working properly? YES NO	System appears to have been properly maintained? YES NO	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO Name of MSP:	Has a Maintenance & Monitoring event occurred within last 180 days? YES NO DON'T KNOW	Are Results of Maintenance & Monitoring Report Attached? YES NO

Note any Problems, Concerns or Comments:

Pump Systems []Not Applicable check here if not applicable

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 Attached Site Plan

Liquid Waste Permit Number: TA980254

On-Site Liquid Waste System Evaluation Summary		Circle One											
FLOOR PLAN ATTACHED <i>(Required)</i>	Has the applicant provided a sketch of the floor plan of all structures which clearly identifies all rooms(including bedrooms & kitchens)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>										
ADDRESS	Is the address listed on this permit the same as the current address?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
LOT SIZE	Is the Lot Size listed on the permit the same as the current lot size for this property?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>									
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A									
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? <i>Attach a Copy</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>									
	Has the system been sampled and monitored in accordance with permit conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>									
	Is a Monitoring or Sampling Report attached? <i>(Required for All ATS)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>									
PUBLIC HEALTH and SAFETY	Is it your professional opinion that this system <u>does not</u> currently constitute a public health or safety hazard?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>										
EVALUATOR RECOMMENDATIONS <i>Circle All that Apply</i>	<table border="0"> <tr> <td>Septic Tank is Functioning Properly</td> <td>Septic Tank Needs Replacement</td> <td>Septic Tank Needs Repairs</td> </tr> <tr> <td>Disposal System is Functioning Properly</td> <td colspan="2">Disposal System Needs Replacement/Expansion or Repairs</td> </tr> <tr> <td>ATS is Functioning Properly</td> <td colspan="2">ATS Needs Replacement, Maintenance or Repairs</td> </tr> </table>				Septic Tank is Functioning Properly	Septic Tank Needs Replacement	Septic Tank Needs Repairs	Disposal System is Functioning Properly	Disposal System Needs Replacement/Expansion or Repairs		ATS is Functioning Properly	ATS Needs Replacement, Maintenance or Repairs	
Septic Tank is Functioning Properly	Septic Tank Needs Replacement	Septic Tank Needs Repairs											
Disposal System is Functioning Properly	Disposal System Needs Replacement/Expansion or Repairs												
ATS is Functioning Properly	ATS Needs Replacement, Maintenance or Repairs												
Clarify Recommendations, Problems, Concerns, Comments etc.:													
<i>Added screws to riser lid.</i>													
Describe any Repairs that are required <u>and</u> any Repairs that were completed:													
<i>Prior to inspection, some repairs were done to septic system (see invoice)</i>													
The information contained in this report is correct and true to the best of my knowledge.													
<i>Dennis Fernandez</i>		<i>[Signature]</i>		<i>8/9/14</i>									
Evaluator's Name Printed		Evaluator's Signature		Date									
NMED REVIEW:													
NMED has reviewed the information provided above and has determined the following:													
<input checked="" type="checkbox"/> The Liquid Waste Permit is valid and the liquid waste system appears to be functioning properly; no further action required <input type="checkbox"/> A Modification Permit is required and a complete application must be submitted to NMED within 15 days of this evaluation <input type="checkbox"/> Repairs are Required- Verification that repairs have been completed must be submitted to NMED within 15 days of this report													
Comments:													
Reviewed by: <i>Matt Boger</i>		<i>[Signature]</i>		<i>8/11/14</i>									
NMED Staff Name Printed		NMED Staff Signature		Date									
The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.													
Return completed form with all required documents to the local Environment Department Field Office													
This form is valid for 180 days after the date of the signature of the Evaluator.													