



# LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

BE 850111

## Septic Tank

|  |   |   |   |
|--|---|---|---|
| LOCATION   | Latitude (DD.dddd°) <u>35° 18' 57"</u>  | Longitude (DDD.dddd°) <u>106° 27' 49"</u>   | Elevation (Feet) <u>5760 FT</u>   |
| SIZE and MATERIALS   | Size (gallons)<br><u>1000</u> 1200 1500 Other: _____  | Material<br>Concrete Plastic <u>Fiberglass</u><br>Other Note: _____   | Manufacturer of Tank<br><u>Alpha S.</u>   |
| Tank Dimensions: (ext lth x wth x lq dth, inches)<br>_____ x _____ x _____ | Covers Secure?<br><u>YES</u> NO   | Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) <u>2'</u> feet                   | Year Tank Manufactured (as marked on tank)  |
| ACCESS RISERS  | Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) <u>inlet</u><br><u>YES</u> NO Not Required  | Effluent Filter? (Required 2005)<br>YES <u>NO</u> Not Required  | Handle on Effluent Filter within 6" cover? (Required 2013)<br>YES NO <u>Not Required</u>                        |
|  | Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable)<br>0 <u>1</u> 2             | Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" req'd)<br><u>24"</u> 30" Other: _____    | Material: (metal prohibited)<br>Concrete coated <u>Plastic</u><br>Concrete Type V                               |
| FUNCTIONALITY  | How many Gallons were pumped for this evaluation?<br><u>1000</u> Gallons  | Water Level in Tank at Outlet (Circle One)<br>Above Invert <u>At Invert</u> Below Invert                    | Does Tank appear Level? (Circle One)<br><u>YES</u> NO   |
|  | Inlet Tee/Baffle (Circle One)<br>Note: <u>OK PVC</u>  | Outlet Tee/Baffle (Circle One)<br>Note: <u>OK PVC</u>   | Baffle Wall (Circle One)<br>Note: <u>OK Fiberglass</u>  |
| VISIBLE DESCRIPTORS (Circle All that Apply)                                | Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed |   |   |
| SEPTIC TANK SETBACKS   | Setbacks to On-site Water Well (50 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>50</u> Feet      | Setbacks to Neighbor's Well (50 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>50</u> Feet | Setbacks to Public Water Well (100 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>100</u> Feet |
|  | Setbacks: State Waters, Arroyos, Ditches<br><u>Met</u> Not Met Unable to Confirm N/A                                | To Property Lines, Structures, Waterlines<br><u>Met</u> Not Met Unable to Confirm N/A                       | Setbacks to Disposal System<br><u>Met</u> Not Met Unable to Confirm N/A   |
| HOLDING TANK   | Annual Operating Permit Approved?<br>YES NO N/A _____   | High Level Alarm working properly?<br>YES NO N/A _____  | Appears to be Watertight?<br>YES NO N/A _____   |
|  | Pumping Records Available?<br>YES NO N/A _____  |   |   |

Note any Problems, Concerns or Comments:

## Disposal System

|   |   |
|---|---|
| TYPE OF DISPOSAL SYSTEM (Circle ALL that apply) | <u>Conventional</u> <u>Trench</u> <u>Pipe and Gravel</u> 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<br>Low-pressure Dosed Split-Flow Bottomless Sand Filter Sand-lined Trench Soil-Replacement<br>Vault Privy Constructed Wetlands Other: _____ |
| ANNUAL OPERATING PERMIT                         | Annual Operating Permit Approved?<br>YES NO N/A _____   |
| DISTRIBUTION BOX                                | Is there a D-Box on this system?<br>YES NO UNABLE TO CONFIRM  |
|   | Watertight & Equal Distribution of Flow?<br>YES NO UNABLE TO CONFIRM  |
| INSPECTION METHODS & OBSERVATIONS               | Did you Probe Disposal Field Area?<br><u>YES</u> NO   |
|   | Any Indication of Previous Failure?<br>YES <u>NO</u>  |
|   | Evidence of Ponding Water in Field?<br>YES <u>NO</u> N/A UNABLE TO CONFIRM  |
| DISPOSAL SYSTEM SETBACKS                        | Setbacks to On-site Water Well (100 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>100</u> Feet  |
|   | Setbacks to Neighbor's Well (100 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>100</u> Feet   |
|   | Setbacks to Public Water Well (200 ft)<br><u>Met</u> Not Met Unable to Confirm N/A<br>Distance: <u>200</u> Feet   |
|   | Setbacks to Septic Tank<br><u>Met</u> Not Met Unable to Confirm   |

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Liquid Waste Permit Number:

BE 850 111

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|                      |   |  |
|----------------------|---|--|
| <b>FUNCTIONALITY</b> | Does the Disposal System Appear to be Functioning Properly?<br><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">YES</span> NO | If proprietary product, was system installed in accordance with manufacturer's specifications and permit design?<br><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span> Yes    No    Unable to Confirm |
|----------------------|---|--|

Note any Problems, Concerns or Comments: Drainfield pass water test at time of inspection.

[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**

|                    |                      |                |  |
|--------------------|----------------------|----------------|--|
| <b>TYPE OF ATS</b> | Name of Manufacturer | Model/Capacity | What Level of Treatment<br>Secondary    Tertiary    Disinfection |
|--------------------|----------------------|----------------|--|

|                      |   |   |  |   |
|----------------------|---|---|--|---|
| <b>FUNCTIONALITY</b> | Aerator is working properly?<br>YES    NO | System appears to have been properly maintained?<br>YES    NO | Disinfection unit is working properly?<br>Chlorine    UV    Other: _____<br>YES    NO    N/A | Has System been meeting treatment levels required on permit?<br>YES    NO    DON'T KNOW |
|----------------------|---|---|--|---|

|                    |  |  |   |
|--------------------|--|--|---|
| <b>MAINTENANCE</b> | Is there an active Maintenance & Monitoring Contract currently in effect?<br>YES    NO<br>Name of MSP: _____ | Has a Maintenance & Monitoring event occurred within last 180 days?<br>YES    NO    DON'T KNOW | Are Results of Maintenance & Monitoring Report Attached?<br>YES    NO |
|--------------------|--|--|---|

|                                |   |  |  |
|--------------------------------|---|--|--|
| <b>ANNUAL OPERATING PERMIT</b> | Annual Operating Permit Approved?<br>YES    NO    N/A _____ | Mfr's Maintenance Checklist Attached:<br>YES    NO | Level of Treatment Required for:<br>Lot size    Clearance    Setback    Soil |
|--------------------------------|---|--|--|

Note any Problems, Concerns or Comments:

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

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

# Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

BE 850111

**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  | <b>Public Health and Safety</b>                         | Does this system currently constitute a public health or safety hazard?  | YES <sup>1</sup>                     | <input checked="" type="radio"/> NO                     |
| 2  | <b>Septic Tank/ Treatment Unit</b>                      | Is the septic tank/treatment unit watertight and functioning properly?   | <input checked="" type="radio"/> YES | NO <sup>2</sup>   |
| 3  | <b>Disposal System</b>                                  | Does the disposal system appear to be functioning properly?  | <input checked="" type="radio"/> YES | NO <sup>2</sup>   |
| 4  | <b>Setbacks and Clearances to waters</b>                | Does the system appear to meet all setbacks and clearances to waters?  | <input checked="" type="radio"/> YES | NO <sup>2</sup>   |
| 5  | <b>Setbacks and Clearances to all other than waters</b> | 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 | NO <sup>3</sup>   |
| 6  | <b>Lot Size Requirements</b>                            | 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 | NO <sup>3</sup>   |
| 7  | <b>Bedrooms/Design Flow</b>                             | Has the number of bedrooms (or design flow) increased from the number of bedrooms or design flow stated on original permit?  | YES <sup>3</sup>                     | <input checked="" type="radio"/> NO                     |
| 8  | <b>Advanced Treatment Systems</b>                       | Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? <i>(Required for All ATSS)</i>   | YES                                  | NO <sup>2</sup><br><input checked="" type="radio"/> N/A |
| <b>Evaluator Recommendations</b><br><i>Circle All that Apply</i> |   | <input checked="" type="checkbox"/> Liquid waste system appears to be functioning properly<br><input type="checkbox"/> Septic Tank Needs Replacement <input type="checkbox"/> Septic Tank Needs Repairs<br><input type="checkbox"/> Disposal System Needs Replacement/Expansion or Repairs <input type="checkbox"/> ATS Needs Replacement, Maintenance /Repairs<br>Comments <i>(describe any problems with the system and any repairs made):</i> |                                      |   |

**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<br><i>Water Ramirez</i> | Evaluator's Signature<br><i>[Signature]</i> | Date<br><i>8-1-25</i> |
|--|---|-----------------------|

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*

- |          |  |
|----------|--|
| <b>1</b> | Immediate action is required by property owner to remedy hazard  |
| <b>2</b> | 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. |
| <b>3</b> | 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<br>LIQUID WASTE FEE<br>(\$50) | Fee Paid: | Invoice # | Date Paid: | Payment Received By |
|---|-----------|-----------|------------|---------------------|

*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

## ON-SITE LIQUID WASTE SYSTEM DATA REPORT

Date 8-1-25 Fee \_\_\_\_\_

PROPERTY ADDRESS 5 Pine Rd, Placitas NM 87043

AGE OF HOUSE \_\_\_\_\_

**TYPE OF TREATMENT UNIT:**

- SEPTIC TANK
- SEPTIC TANK WITH PUMP
- CESSPOOL
- OTHER

**TYPE OF DISPOSAL SYSTEM:**

- DRAINFIELD
- SAND MOUND
- SEEPAGE PIT
- OTHER

IF OTHER, EXPLAIN \_\_\_\_\_

**LIQUID LEVEL IN TANK IS:**

- ABOVE OUTLET     NORMAL     BELOW OUTLET

**TANK MATERIAL:**

- CEMENT     BLOCK     FIBERGLASS

**PROCEDURE PERFORMED:**

- PUMPED OUT TANK; LISTENED FOR BACKFLOW OF WATER INTO TANK
- CHECKED CONDITION OF TANK FOR DETERIORATION OR DAMAGE IE. CRACKS
- PROPERLY CLOSED OPENING OF TANK

**CONDITION OF TREATMENT UNIT:**

- ACCEPTABLE     UNACCEPTABLE

**CONDITION OF DISPOSAL:**

- ACCEPTABLE     UNACCEPTABLE

THIS REPORT ONLY STATES THE CONDITION OF THE SYSTEM AT THE TIME OF INSPECTION BY ATLAS PUMPING CO, INC. ATLAS PUMPING CO, INC. HAS RELIED SOLELY ON VISUAL OBSERVATIONS OF THE SYSTEM AND ON ANY VERBAL REPRESENTATIONS BY THE OWNER AS TO THE PAST SERVICING, MAINTENANCE, AND HISTORY OF THE SYSTEM. ATLAS PUMPING CO, INC. HAD NO INVOLVEMENT IN THE DESIGN, CONSTRUCTION, OR MAINTENANCE OF THE SYSTEM AND CANNOT ASSUME ANY RESPONSIBILITY FOR THE FUTURE PERFORMANCE OF THE SYSTEM. CONSEQUENTLY, THE CLIENT REQUESTING THIS REPORT, RELEASES ATLAS PUMPING CO, INC. FROM ALL CLAIMS AND LIABILITY, INCLUDING ATTORNEY'S FEES, ARISING FROM OR IN ANY WAY RELATED TO THE FUTURE PERFORMANCE OF THE SYSTEM. THIS REPORT SHOULD NOT BE CONSIDERED AS TO IMPLY A WARRANTY OR GUARANTEE OF THE FUTURE PERFORMANCE OF THE SYSTEM, BUT IS SIMPLY A REPORT OF CONDITIONS ON THE DATE OF INSPECTION.

**EXPLANATION OF SYSTEM LOCATION AND ANY NECESSARY REPAIRS:**

