



New Mexico Environment Department
 Environmental Health Bureau
 Liquid Waste Program

Property Transfer Evaluation Report
 for Permitted Onsite Liquid Waste Systems

GENERAL INFORMATION

To be completed by Owner or Owner's Representative

Liquid Waste Permit Number:

BE010717

EXISTING PERMIT INFORMATION	Existing Permit Number(s) BE010717	Lot Size on Permit (to 0.01 acres) 1.08	Number of Bedrooms on Permit 3
CURRENT OWNER INFORMATION	Name COURNEY, KEITH AND DIANE REVOCABLE LIVING TRUST	Mailing Address 45 Cienega Canyon Rd Placitas, NM 87043	Phone ---
PROPERTY INFORMATION	Site Address 45 Cienega Canyon Rd Placitas, NM 87043	Uniform Property Code (13 digits, #-###-###-###-###) 1001074070247 1-034-074-070-347	Lot Size (to 0.01 Acres) 1.08
	Township/Range/Section 13N / 4E / S25	Subdivision RANCHOS DE PLACITAS	Lot/Tract/Block/Unit Block 3 / Lot 3A
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:
WATER SOURCE	Water Source (Circle One) Private Well Public Water Shared Well <u>No. Cont.</u> Community Water	Well on your property? YES NO	Well Permit Number N/A
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO	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 TYLER COLE	Name of Company ASTC, INC.	Phone Number 505-822-9027 505-514-5234
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 <u>MS-03</u> MS-01 PE NSF NEHA REHS/RS <u>OTHER (Approved by NMED)</u> For "OTHER" state date approved by NMED: NAWT	License/Certification# 14243	Expiration Date 11/26
SEPTAGE PUMPER INFO	Name of Company ASTC, INC.	Name of Septage Pumper TYLER COLE	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO

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

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

Owner or Authorized Representative Name Printed Mark J Puckett	Signature 	Date 04/09/26
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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

BE010717

Septic Tank

LOCATION		Latitude (DDD.dddd) <u>35.193263810</u>	Longitude (DDD.dddd) <u>106.283310290</u>	Elevation (Feet) <u>5489</u>	
SIZE and MATERIALS		Size (gallons) 1000 1200 1500 Other: _____	Material <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass Other Note: _____	Manufacturer of Tank <u>ASTC</u>	
Tank Dimensions: (ext lth x with x lq dth, inches) _____ x _____		Covers Secure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) <u>23</u> feet	Year Tank Manufactured (as marked on tank) <u>2002</u>	
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) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Required		
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) <u>0</u> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" req'd) <u>24</u> 30" Other: _____	Material: (metal prohibited) Concrete coated <input type="checkbox"/> Concrete Type V <input checked="" type="checkbox"/> Plastic		
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>0</u> Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <input type="checkbox"/> <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) Note: <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK	Outlet Tee/Baffle (Circle One) Note: <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK	Baffle Wall (Circle One) Note: <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK		
VISIBLE DESCRIPTORS (Circle All that Apply)	Structural Cracking <input type="checkbox"/> Excessive Deterioration <input checked="" type="checkbox"/> Rust Streaks <input checked="" type="checkbox"/> Exposed Aggregate <input checked="" type="checkbox"/> Exposed Rebar/Wire <input checked="" type="checkbox"/> Tank/Manhole Deformed <input type="checkbox"/>				
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet	Setbacks to Public Water Well (100 ft) Met Not Met <u>Unable to Confirm</u> 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 Met Not Met <u>Unable to Confirm</u> N/A		
	HOLDING TANK				
Annual Operating Permit Approved? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____	High Level Alarm working properly? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____	Appears to be Watertight? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pumping Records Available? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		

Note any Problems, Concerns or Comments:

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional	<input checked="" type="checkbox"/> Trench	<input checked="" type="checkbox"/> Pipe and Gravel	<input type="checkbox"/> Chambers	<input type="checkbox"/> Synthetic Aggregate	<input type="checkbox"/> Other
	Alternative/Other	<input checked="" type="checkbox"/> Seepage Pit	<input checked="" type="checkbox"/> Leaching Bed	<input type="checkbox"/> Elevated System with Pressure-Dosing	<input type="checkbox"/> Wisconsin Mound	<input type="checkbox"/> ET Bed
		<input type="checkbox"/> Elevated System with Pressure-Dosing	<input type="checkbox"/> Wisconsin Mound	<input type="checkbox"/> ET Bed	<input type="checkbox"/> Gray Water System	<input type="checkbox"/> Drip System
		<input type="checkbox"/> Low-pressure Dosed	<input type="checkbox"/> Split-Flow	<input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Sand-lined Trench	<input type="checkbox"/> Soil-Replacement
		<input type="checkbox"/> Vault	<input type="checkbox"/> Privy	<input type="checkbox"/> Constructed Wetlands	Other: _____	
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A _____					
DISTRIBUTION BOX	Is there a D-Box on this system? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>UNABLE TO CONFIRM</u>		Watertight & Equal Distribution of Flow? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>UNABLE TO CONFIRM</u>		Access to D-Box? (Required 2013) YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO	
	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>~100</u>		Method used to measure gallons? <input checked="" type="checkbox"/> Bucket 5 gal, minutes. <input type="checkbox"/> Water meter: _____ Approximate:	
INSPECTION METHODS & OBSERVATIONS	Any Indication of Previous Failure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Seepage Visible on Lawn? YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO		Lush Vegetation Present? YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO	
	Evidence of Ponding Water in Field? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <u>UNABLE TO CONFIRM</u>		Even Distribution of Effluent in Field? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <u>UNABLE TO CONFIRM</u>		Any Septic Odor Present? YES <input type="checkbox"/> <input checked="" type="checkbox"/> NO	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet		Setbacks to Public Water Well (200 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet	
	Setbacks: State Waters, Arroyos, Ditches Met Not Met <u>Unable to Confirm</u> N/A		To Property Lines, Structures, Waterlines Met Not Met <u>Unable to Confirm</u> N/A		Setbacks to Septic Tank Met Not Met <u>Unable to Confirm</u>	

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

BE010717

To be completed by Third Party Evaluator

FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? <input checked="" type="radio"/> YES <input type="radio"/> 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
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Note any Problems, Concerns or Comments:

Not Applicable check here if not applicable **Advanced Treatment System**

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

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

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

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

Note any Problems, Concerns or Comments:

Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)

"see Attached"

Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

BE010717

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):

tank shows exposed wire mesh

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: Tyler Cole Evaluator's Signature: [Signature] Date: 4-17-26

The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.

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

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

NMED ONLY LIQUID WASTE FEE (\$50)	Fee Paid:	Invoice #	Date Paid:	Payment Received By
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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



Fixed ALPHA TO 12/10

12/4/01

APPLICATION FOR A LIQUID WASTE PERMIT

Site map. 4/2/02

NMED Inspection Required No Yes, Call 822-4483 for Appointment

NMED Permit Number: BE010717
Date NMED Received: 12/1/01

SYSTEM OWNER'S NAME: Last, First, MI. Bob Johnson Builders Home Phone: 862-4115 Business Phone: 862-4115

MAILING ADDRESS: Street/PO Box 10300 City, State, Zip Code Placita, NM 87043

SYSTEM LOCATION: Street Address Location - give directions to site Conagra Canyon Rd, Placita, San Juan County

SUBDIVISION Lot 3A, Block 3, Unit 5, Parochale BLOCK LOT 13A1-R1E TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE

INSTALLER'S NAME & FIRM: Alpha Optic Tanks, Inc. 802-9007 PHONE: 87197

MAILING ADDRESS: Street/PO Box 10300 City, State, Zip Code Placita, NM 87043

CID License No. Certification 19410 MM-1 MM-98 MS-2 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 3 no. of bedrooms 375 gpd

Multiple family units; _____ no. of units; _____ no. bedrooms per unit _____ gpd

Other (type) _____ Flow sizing units _____ gpd

B. Are there other sewage sources on this property? Yes No 0 gpd

TOTAL WASTEWATER FLOW ON PROPERTY = 375 GPD

III. SITE INFORMATION

A. Lot Size: 1.08 acres Date of Record: 4-8-65

(nearest 0.01 acre) (Plat Date or Subdivision Date)

NMED retain white copy

B. Depth from Ground Surface to:

Seasonal High Water Table 100' feet

Bedrock, Caliche, Tight Clay 97' feet

Gravel, Cobbles, Highly permeable soil 97' 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; _____ Clay; _____

Other: (describe) _____

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

D. Domestic Water Source: Private Public On-site Shared Off-site

Irrigation Well or Flood Irrigated Area on the lot Yes No

IV. SYSTEM DESIGN

A. Treatment Unit: Septic Tank Capacity 1000 Gallons

Manufacturer: Alpha Optic Tanks Certification No. 98-10-153A

Other (specify): _____

B. Disposal System: Trench Bed Seepage Pit Mound

Evapotranspiration Other, specify: _____

Materials: Pipe and gravel Gravelless (specify) _____

375 x 1.03 Minimum required absorption area 426.025 square feet

Trench or Bed width 2.5 ft. Gravel depth below distribution pipe 0.25

Total Trench or Bed length 110 ft. Number of trenches 2

Number of gravelless units _____

D. Depth from ground surface to bottom of absorption area 5 ft.

