



ON SITE LIQUID WASTE SYSTEM DATA REPORT

PROPERTY ADDRESS: 63A CAMINO D2 LAS HUERTAS Placitas 87043

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 ☐ OTHER

PROCEDURE PERFORMED:

☒ CHECKED CONDITION OF TANK FOR DETERIORATION OR DAMAGE IE: CRACKS, ROOTS, DECOMP.
☒ RAN APPROX, 80-100 GALS OF WATER INTO DRAIN FIELD, OBSERVED FOR FLOW BACK WATER INTO TANK
☒ PROPERLY CLOSED OPENING OF TANK:

CONDITION OF TREATMENT UNIT:

☒ MEETS REGULATIONS ☐ DOES NOT MEET REGULATIONS ☐ NEEDS REPAIR

CONDITION OF DISPOSAL:

☒ MEETS REGULATIONS ☐ DOES NOT MEET REGULATIONS ☐ NEEDS REPAIR

THIS REPORT ONLY STATES THE CONDITION OF THE SYSTEM AT THE TIME OF INSPECTION BY RIO GRANDE SEPTIC SYSTEMS. RIO GRANDE SEPTIC HAS RELIED SOLEY ON VISUAL OBSERVATION OF THE SYSTEM AND ON ANY VERBAL REPRESENTATIONS BY THE OWNER AS TO THE PAST SERVICING, MAINTENANCE, AND HISTORY OF THE SYSTEM. RIO GRANDE SEPTIC HAD NO INVOLEMENT IN THE DESIGN, CONSTRUCTION, OR MAINTENANCE OF THE SYSTEM AND CAN NOT ASSUME ANY RESPONSIBILITY FOR THE FUTURE PERFORMANCE OF THE SYSTEM. RIO GRANDE SEPTIC FROM ALL CLAIMS AND LIABILITY, INCLUDING ATTORNEYS 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 CONDITION ON THE DATE OF THE INSPECTION

DESCRIPTION OF SYSTEM LOCATION:

Inspected by Shawn Benavidez [Signature]

Date 04-16-24

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: BE070653	
EXISTING PERMIT INFORMATION	Existing Permit Number(s) BE 070653	Lot Size on Permit (to 0.01 acres) .5	Number of Bedrooms on Permit 3
CURRENT OWNER INFORMATION	Name LAWRENCE A. AND MARTA L. WILSON	Mailing Address 63A CAMINO DE LAS HUERTAS	Phone 206-483-4855
PROPERTY INFORMATION	Site Address 63A CAMINO DE LAS HUERTAS	Uniform Property Code (13 digits, 0-999-999-999) 1-026-073-429-332	Lot Size (to 0.01 Acres) .5
	Township/Range/Section T13N R5E 32	Subdivision LANDS OF HARRINGTON	Lot/Tract/Block/Unit B2
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: N/A
WATER SOURCE	Water Source (Circle One) Private Well Public Water Shared Well No. Connections	Well on your property? YES NO	Well Permit Number RG56788 PDD1
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO	If YES, What Permit Numbers? N/A	Describe Other Sources N/A
THIRD PARTY EVALUATOR INFORMATION To be completed by Third Party Evaluator, Owner or Owner's Representative			
EVALUATOR INFORMATION	Name of Person Evaluating LW System Shawn Benavidez	Name of Company Rio Grande Septic	Phone Number 505-898-2017
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# 354182	Expiration Date 4/30/2025
SEPTAGE PUMPER INFO	Name of Company Rio Grande Septic	Name of Septage Pumper Shawn Benavidez	Is this person a Qualified Septage Pumper under Section 20.1(D) of Regulations? YES NO
OTHER INFORMATION			
NOTICE TO OWNER OR AGENT:			
1. This report shall <u>not</u> be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system.			
2. A fee of \$50.00 will be charged by the department upon filing this report to be included in the official record.			
Your signature below attests that the above detailed information is correct and true to the best of your knowledge.			
Owner or Authorized Representative Name Printed Lawrence Wilson		Signature L. A. Wilson	Date 4-16-2024

LIQUID WASTE SYSTEM EVALUATION				Liquid Waste Permit Number: BE070653		
To be completed by Third Party Evaluator						
Septic Tank						
LOCATION	Latitude (DD dddd') 35.31378	Longitude (DDD dddd') -106.42930	Elevation (Feet)			
SIZE and MATERIALS	Size (gallons) <u>1000</u> 200 1500 Other: _____	Material <u>Concrete</u> Plastic Fiberglass Other Note: _____	Manufacturer of Tank UNK			
Tank Dimensions: (ext lth x wth x lg dth, inches) _____ x <u>UNK</u> x _____	Covers Secure? <u>YES</u> NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) <u>30"</u> feet	Year Tank Manufactured (as marked on tank) <u>UNK</u>			
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2003 to grade) <u>YES</u> NO Not Required	Effluent Filter? (Required 2003) <u>YES</u> NO Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) <u>YES</u> NO Not Required			
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) 0 1 <u>2</u>	Riser Internal Diameter: (Inches) (3" cover 24", over 3' cover 30" req'd) <u>24"</u> 30" Other: _____	Material: (metal prohibited) Concrete coated <u>Plastic</u> 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 <u>At Invert</u> Below Invert	Does Tank appear Level? (Circle One) <u>YES</u> NO			
	Inlet Tee/Baffle (Circle One) <u>OK</u> NOT OK Note: _____	Outlet Tee/Baffle (Circle One) <u>OK</u> NOT OK Note: _____	Baffle Wall (Circle One) <u>OK</u> 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 <u>Unable to Confirm</u> N/A Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met <u>Unable to Confirm</u> N/A 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 <u>Met</u> 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 Disposal System Met Not Met <u>Unable to Confirm</u> N/A			
HOLDING TANK	Annual Operating Permit Approved? YES NO N/A _____	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: TANK WORKING AS DESIGNED.						
Disposal System						
TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	Conventional	Trench	Pipe and Gravel	Chambers	Synthetic Aggregate	Other
	Alternative/Other	Seepage Pit	Leaching Bed	Elevated System with Lift Station		
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A _____					
	Is there a D-Box on this system? YES <u>NO</u> 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 <u>NO</u>		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: <u>100</u>		Method used to measure gallons? Bucket 5 gal, minutes <u>10</u> Water meter: _____ Approximate <u>100</u>	
	Any Indication of Previous Failure? YES <u>NO</u>		Seepage Visible on Lawn? YES <u>NO</u>		Lush Vegetation Present? YES <u>NO</u>	
	Evidence of Ponding Water in Field? YES NO N/A <u>UNABLE TO CONFIRM</u>		Even Distribution of Effluent in Field? YES NO N/A <u>UNABLE TO CONFIRM</u>		Any Septile Odor Present? YES <u>NO</u>	
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 <u>Met</u> 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: BE070653	
To be completed by Third Party Evaluator					
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: TOOK ALL WATER INTRODUCED					
Advanced Treatment System					
☐ Not Applicable check here if not applicable. ATSS can only be evaluated by a Qualified Maintenance Service Provider. Are you a Qualified MSP? YES ☐ NO ☐					
TYPE OF ATSS	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		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
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:					
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)					

Property Transfer Evaluation Summary		Liquid Waste Permit Number: BE070653															
For Permitted Onsite Liquid Waste Systems																	
Note: Unlicensed evaluators, septage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system																	
Evaluation Criteria (pursuant to Section 902(F) and (G) of 20.7.3 NMAC)		Circle One You must circle one for each item or this form will be considered incomplete															
1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES ¹ ~~NO~~														
2	Septic Tank/ Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	~~YES~~ NO ²														
3	Disposal System	Does the disposal system appear to be functioning properly?	~~YES~~ NO ²														
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	~~YES~~ NO ²														
5	Setbacks and Clearances to all other than waters	Does the system appear to meet all setbacks and clearances to all other than waters and greater than 1 foot?	~~YES~~ NO ³														
6	Lot Size Requirements	Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation, or in effect at the time of the most recent permitted modification?	~~YES~~ NO ³														
7	Bedrooms/Design Flow	Has the number of bedrooms (or design flow) increased from the number of bedrooms or design flow stated on original permit?	YES ³ ~~NO~~														
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? <i>(Required for All ATSs)</i>	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): SYSTEM WORKING AS DESIGNED															
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 <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">Evaluator's Name Printed S.C. BEAVER</td> <td style="border: none; width: 33%;">Evaluator's Signature </td> <td style="border: none; width: 34%;">Date 04-16-24</td> </tr> </table> 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 <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">1</td> <td style="border: none;">Immediate action is required by property owner to remedy hazard</td> </tr> <tr> <td style="border: none; width: 33%;">2</td> <td style="border: none;">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.</td> </tr> <tr> <td style="border: none; width: 33%;">3</td> <td style="border: none;">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.</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 20%;">NMED ONLY LIQUID WASTE FEE (\$50)</td> <td style="border: none; width: 20%;">Fee Paid:</td> <td style="border: none; width: 20%;">Invoice #</td> <td style="border: none; width: 20%;">Date Paid:</td> <td style="border: none; width: 40%;">Payment Received By</td> </tr> </table> 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				Evaluator's Name Printed S.C. BEAVER	Evaluator's Signature 	Date 04-16-24	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:	Invoice #	Date Paid:	Payment Received By
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This page can be printed using your internet browser or by CTL + P
Account: R027906

<u>Location</u>	<u>Owner Information</u>	<u>Assessment History</u>
Parcel Number 1-026-073-429-332	Owner Name WILLSON, LAWRENCE A	Actual Value (2024 -
Tax Area 802HL_R - 802HL_R	AND MARTA L	Residential Cap applied)
Situs Address 63-A CAMINO DE LAS	Owner Address 63A CAMINO DE LAS	Primary Taxable
HUERTAS	HUERTAS	\$76,635
Legal Summary Legal: S: 32 T: 13N R: 5E	PLACITAS, NM 87043-8610	Exemption Adjustments:
Subd: LANDS OF HARRINGTON Lot: B2	UNITED STATES OF AMERICA	Veteran's Exemption
PLAT 573-B		(Head of Family Exemption
		Adjusted Taxable Total
		\$70,635
		Tax Area: 802HL_R Mill Levy: 21.945
		Type Actual Assessed Acres SQFT Units
		Residential \$41,371 \$13,790 0.500 21780.000 1.000
		Land
		Residential \$188,536 \$62,845 1496.000
		Improvement

Transfers

Sale Date

10/04/2012

Doc Description

TRANSFER ON DEATH DEED

WARRANTY DEED

Images

Tax Year	Taxes
*2024	\$1,681.76
2023	\$1,632.76
* Estimated	

- [Map](#)
- [Photo](#)
- [Sketch](#)
- [GIS](#)

