



## ON SITE LIQUID WASTE SYSTEM DATA REPORT

PROPERTY ADDRESS: 63A CAMINO DE 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 SOLELY 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 INVOLVEMENT 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

Date 10-2-26



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

|                                    |                                                                                              |                                                                           |                                                                      |
|------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>EXISTING PERMIT INFORMATION</b> | Existing Permit Number(s)<br>BE070653                                                        | Lot Size on Permit (to 0.01 acres)<br>.5                                  | Number of Bedrooms on Permit<br>3                                    |
| <b>CURRENT OWNER INFORMATION</b>   | Name<br>Jacob A Willson                                                                      | Mailing Address<br>63A Camino De Las Huertas<br>Placitas NM 87043         | Phone<br>505-917-8424                                                |
| <b>PROPERTY INFORMATION</b>        | Site Address<br>63A Camino De Las Huertas<br>Placitas NM 87043                               | Uniform Property Code<br>(13 digits, #-###-####-###)<br>1-026-073-429-332 | Lot Size (to 0.01 Acres)<br>.5                                       |
|                                    | Township/Range/Section<br>T13N R5E 32                                                        | Subdivision<br>Lands of Harrington                                        | Lot/Tract/Block/Unit<br>32                                           |
| <b>RESIDENCE INFORMATION</b>       | Current Number of Bedrooms in Main Residence<br>1 2 <u>3</u> 4 5 6 Other:                    | Other structure on property being used as a residence?<br>YES <u>NO</u>   | Describe Current Number of Bedrooms In Other Residential Structures: |
| <b>WATER SOURCE</b>                | Water Source (Circle One)<br><u>Private Well</u> Public Water<br>Shared Well No. Connections | Well on your property?<br><u>YES</u> NO                                   | Well Permit Number<br>RG56788 POD 1                                  |
| <b>OTHER SOURCES OF WASTEWATER</b> | Any other sources of wastewater on this property?<br>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

|                                            |                                                                                                                                   |                                           |                                                                                                 |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>EVALUATOR INFORMATION</b>               | Name of Person Evaluating LW System<br>Shawn Benavidez                                                                            | Name of Company<br>Rio Grande Septic      | Phone Number<br>505.898.2017                                                                    |
| <b>THIRD PARTY EVALUATOR QUALIFICATION</b> | MM-98 MM-01 <u>MS-01</u> MS-01 PE NSF<br>NEHA REHS/RS <u>OTHER</u> (Approved by NMED)<br>For "OTHER" state date approved by NMED: | License/Certification#<br>354182          | Expiration Date<br>04/30/2027                                                                   |
| <b>SEPTAGE PUMPER INFO</b>                 | Name of Company<br>Rio Grande Septic                                                                                              | Name of Septage Pumper<br>Shawn Benavidez | Is this person a Qualified Septage Pumper under Section 904(D) of Regulations?<br><u>YES</u> NO |

### OTHER INFORMATION

### NOTICE TO OWNER OR AGENT:

1. 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.
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<br>Jacob A Willson | Signature<br> | Date<br>09/23/26 |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------|

| <b>LIQUID WASTE SYSTEM EVALUATION</b>              |                                                                                                                                               |                                                                                                             |                                                                                                          | Liquid Waste Permit Number:<br><b>BE070653</b>                                                              |                                                                                                            |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| To be completed by Third Party Evaluator           |                                                                                                                                               |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| <b>Septic Tank</b>                                 |                                                                                                                                               |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| LOCATION                                           | Latitude (DD dddd') <b>35.31378</b>                                                                                                           | Longitude (DDD dddd') <b>-106.42930</b>                                                                     | Elevation (Feet)                                                                                         |                                                                                                             |                                                                                                            |
| SIZE and MATERIALS                                 | Size (gallons)<br><u>1000</u> 1200 1500 Other: _____                                                                                          | Material<br><u>Concrete</u> Plastic Fiberglass<br>Other Note _____                                          |                                                                                                          | Manufacturer of Tank<br><u>UNK</u>                                                                          |                                                                                                            |
|                                                    | Tank Dimensions: (text file x with x hq dth, inches)<br>_____ x <u>UNK</u> x _____                                                            | Covers Secure?<br><u>YES</u> NO                                                                             | Tank Cover Depth (Top of Tank to grade) 13' max unless otherwise approved:<br><u>24"</u> feet            | Year Tank Manufactured (as marked on tank)<br><u>UNK</u>                                                    |                                                                                                            |
| ACCESS RISERS                                      | Access Risers - Inlet & Outlet?<br>(Req'd 1997 1 ft. grade, 2003 to grade)<br><u>YES</u> NO Not Required                                      | Effluent Filter? (Required 2003)<br><u>YES</u> NO Not Required                                              |                                                                                                          | Handle on Effluent Filter within 6" cover?<br>(Required 2013)<br><u>YES</u> NO Not Required                 |                                                                                                            |
|                                                    | Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable)<br>0 1 <u>2</u>                                       | Riser Internal Diameter: (inches)<br>13" cover 24", over 3" cover 30" rgr'd<br><u>24"</u> 30" Other: _____  |                                                                                                          | Material: (metal prohibited)<br><u>Concrete-coated</u> Plastic<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</u> NOT OK                                                                                        | Outlet Tee/Baffle (Circle One)<br>Note <u>OK</u> NOT OK                                                     |                                                                                                          | Baffle Wall (Circle One)<br>Note <u>OK</u> NOT OK                                                           |                                                                                                            |
| VISIBLE DESCRIPTORS<br>(Circle All that Apply)     | Structural Cracking   Excessive Deterioration   Rust Streaks   Exposed Aggregate   Exposed Rebar/Wire   Tank/Manhole Deformed<br>Notes: _____ |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| SEPTIC TANK SETBACKS                               | Setbacks to On-site Water Well (50 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet                                    | Setbacks to Neighbor's Well (50 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet     |                                                                                                          | Setbacks to Public Water Well (100 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet  |                                                                                                            |
|                                                    | Setbacks: State Waters, Arroyos, Ditches<br>Met Not Met <u>Unable to Confirm</u> N/A                                                          | To Property Lines, Structures, Waterlines<br>Met Not Met <u>Unable to Confirm</u> N/A                       |                                                                                                          | Setbacks to Disposal System<br>Met Not Met <u>Unable to Confirm</u> 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:<br><u>Tank</u> Tank is working as designed                                                           |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| <b>Disposal System</b>                             |                                                                                                                                               |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| TYPE OF DISPOSAL SYSTEM<br>(Circle ALL that apply) | Conventional<br><u>Seepage Pit</u>                                                                                                            | Trench<br><u>Pipe and Gravel</u>                                                                            | Chambers<br><u>Leaching Bed</u>                                                                          | Synthetic Aggregate<br><u>Elevated System with Lift Station</u>                                             | Other                                                                                                      |
|                                                    | Alternative/Other                                                                                                                             | Elevated System with Pressure-Dosing<br>Low-pressure Dosed<br>Vault Privy Constructed Wetlands              | Wisconsin Mound<br>Split-Flow<br>Bottomless Sand Filter                                                  | ET Bed<br>Sand-lined Trench                                                                                 | Gray Water System<br>Drip System<br>Soil-Replacement                                                       |
| ANNUAL OPERATING PERMIT                            | Annual Operating Permit Approved?<br>YES NO N/A _____                                                                                         |                                                                                                             |                                                                                                          |                                                                                                             |                                                                                                            |
| DISTRIBUTION BOX                                   | Is there a D-Box on this system?<br>YES <u>NO</u> UNABLE TO CONFIRM                                                                           | Watertight & Equal Distribution of Flow?<br>YES NO UNABLE TO CONFIRM                                        |                                                                                                          | Access to D-Box? (Required 2013)<br>YES NO                                                                  |                                                                                                            |
|                                                    | Did you Probe Disposal Field Area?<br>YES <u>NO</u>                                                                                           | Approximately how many Gallons of water added for Hydraulic Water Test?<br>Gallons Added: <u>100</u>        |                                                                                                          | Method used to measure gallons?<br>Bucket 5 gal, minutes: <u>20</u><br>Water meter: Approximate: <u>100</u> |                                                                                                            |
| INSPECTION METHODS & OBSERVATIONS                  | Any Indication of Previous Failure?<br>YES <u>NO</u>                                                                                          | Seepage Visible on Lawn?<br>YES <u>NO</u>                                                                   |                                                                                                          | Lush Vegetation Present?<br>YES <u>NO</u>                                                                   |                                                                                                            |
|                                                    | Evidence of Ponding Water in Field?<br>YES NO N/A <u>UNABLE TO CONFIRM</u>                                                                    | Even Distribution of Effluent in Field?<br>YES NO N/A <u>UNABLE TO CONFIRM</u>                              |                                                                                                          | Any Septic Odor Present?<br>YES <u>NO</u>                                                                   |                                                                                                            |
|                                                    | DISPOSAL SYSTEM SETBACKS                                                                                                                      | Setbacks to On-site Water Well (100 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet | Setbacks to Neighbor's Well (100 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet |                                                                                                             | Setbacks to Public Water Well (200 ft)<br>Met Not Met <u>Unable to Confirm</u> N/A<br>Distance: _____ Feet |
|                                                    | Setbacks: State Waters, Arroyos, Ditches<br>Met Not Met <u>Unable to Confirm</u> N/A                                                          | To Property Lines, Structures, Waterlines<br>Met Not Met <u>Unable to Confirm</u> N/A                       |                                                                                                          | Setbacks to Septic Tank<br>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

☒ 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

## 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

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:

☒ Not Applicable check here if not applicable

## 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?

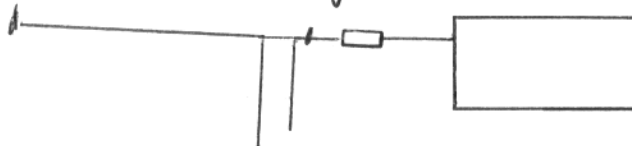
YES NO

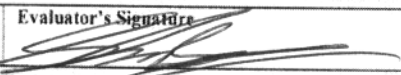
Note any Problems, Concerns or Comments:

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)

*Box  
ESTIMATE OF DRAIN FIELD*

*VALVE SYSTEM*



| <b>Property Transfer Evaluation Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                | Liquid Waste Permit Number:                                                                                                                                                                                                                              |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| For Permitted Onsite Liquid Waste Systems                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                | BE070653                                                                                                                                                                                                                                                 |                                                                                                   |
| <b>Note: Unlicensed evaluators, septic pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                   |
| <b>Evaluation Criteria</b><br>(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | <b>Circle One</b><br>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> <del>NO</del>                                                                    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Septic Tank/ Treatment Unit</b>                                                                                                                                                                                                                                                                                             | Is the septic tank/treatment unit watertight and functioning properly?                                                                                                                                                                                   | <del>YES</del> NO <sup>2</sup>                                                                    |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Disposal System</b>                                                                                                                                                                                                                                                                                                         | Does the disposal system appear to be functioning properly?                                                                                                                                                                                              | <del>YES</del> NO <sup>2</sup>                                                                    |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Setbacks and Clearances to waters</b>                                                                                                                                                                                                                                                                                       | Does the system appear to meet all setbacks and clearances to waters?                                                                                                                                                                                    | <del>YES</del> 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?                                                                                                                                             | <del>YES</del> 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?                                                          | <del>YES</del> 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> <del>NO</del>                                                                    |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Advanced Treatment Systems</b>                                                                                                                                                                                                                                                                                              | Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? (Required for All ATSS)                                                                                                                                  | YES <del>NO<sup>2</sup></del>                                                                     |
| <b>Evaluator Recommendations</b><br><i>Circle All that Apply</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                | Liquid waste system appears to be functioning properly<br>Disposal System Needs Replacement/Expansion or Repairs    Septic Tank Needs Replacement    Septic Tank Needs Repairs<br>Comments (describe any problems with the system and any repairs made): |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                   |
| <b>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</b> |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                                                                                   |
| 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><b>S.C. BENAVIDEZ</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                | Evaluator's Signature<br>                                                                                                                                            | Date<br><b>10-2-20</b>                                                                            |
| 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<br>LIQUID WASTE FEE<br>(\$50)                                                                                                                                                                                                                                                                                                                                                                                                         | Fee Paid:                                                                                                                                                                                                                                                                                                                      | Invoice #                                                                                                                                                                                                                                                | Date Paid:<br>Payment Received By                                                                 |
| Return this completed report to the local NMED Field Office within 15 days of the evaluation.<br><br>This form is valid for 180 days after the date the evaluation was conducted.                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                | NMED DATE STAMP for Date Received                                                                                                                                                                                                                        |                                                                                                   |