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: BE110024

EXISTING PERMIT INFORMATION	**Existing Permit Number(s)** BE110024	**Lot Size on Permit** (to 0.01 acres) 0.91	**Number of Bedrooms on Permit** 3
CURRENT OWNER INFORMATION	**Name** Bradford Bogard	**Mailing Address** 32 Petroglyph Trl Placitas NM 87043	**Phone** (443) 857-3858
PROPERTY INFORMATION	**Site Address** 32 Petroglyph Trl Placitas NM 87043	**Uniform Property Code** *(13 digits, #-###-###-###-###)* 1.022.074.137.004	**Lot Size** *(to 0.01 Acres)* 0.91
	Township/Range/Section T13N R4E 27	**Subdivision** Anasazi Meadows	**Lot/Tract/Block/Unit** 19
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 No. Connections _____	**Well on your property?** YES (NO)	**Well Permit Number** —
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** Julian Rodriguez	**Name of Company** TLC Plumbing	**Phone Number** 505-525-7762
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: NAWT	**License/Certification#** 172251TC	**Expiration Date** 8/27

SEPTAGE PUMPER INFO	**Name of Company** TLC Plumbing	**Name of Septage Pumper** Julian Rodriguez	**Is this person a Qualified Septage Pumper under Section 904(D) of Regulations?** (YES) NO

OTHER INFORMATION

NM ENVIRONMENT DEPARTMENT
RECEIVED
APR 07 2026
NMED / EHB

PAID ENTERED

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 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	**Signature**	**Date**
BRADFORD BOGARD		—

LIQUID WASTE SYSTEM EVALUATION

To be completed by **Third Party Evaluator**

Liquid Waste Permit Number: BE110024

Septic Tank

LOCATION	**Latitude** (DD ddddd) 35.31928 N	**Longitude** (DDD ddddd) 1 20 W	**Elevation** (Feet) 5212
SIZE and MATERIALS	**Size (gallons)** 1000 1200 1500 Other: 1250	**Material** (Concrete) Plastic Fiberglass Other Note:	**Manufacturer of Tank** At 45
Tank Dimensions: *(ext lth x wth x lq dth, inches)* 98" x 61" x 69"	**Covers Secure?** (YES) NO	**Tank Cover Depth** *(Top of Tank to grade) (3' max unless otherwise approved)* 2 feet	**Year Tank Manufactured** *(as marked on tank)* unknown

ACCESS RISERS	**Access Risers - Inlet & Outlet?** *(Req'd 1997 1 ft. grade, 2005 to grade)* (YES) NO Not Required	**Effluent Filter?** *(Required 2005)* (YES) NO Not Required	**Handle on Effluent Filter within 6" cover?** *(Required 2013)* YES (NO) Not Required
	Number of Risers on tank: *(over inlet and outlet, over baffle wall vent not acceptable)* 0 1 (2)	**Riser Internal Diameter: (inches)** *(3' cover 24", over 3' cover 30" rqr'd)* (24") 30" Other:	**Material: (metal prohibited)** Concrete coated (Plastic) Concrete Type V
FUNCTIONALITY	**How many Gallons were pumped for this evaluation?** 1250 Gallons	**Water Level in Tank at Outlet** *(Circle One)* Above Invert (At Invert) Below Invert	**Does Tank appear Level?**(Circle One) (YES) NO
	Inlet Tee/Baffle (Circle One) (OK) NOT OK Note:	**Outlet Tee/Baffle** (Circle One) (OK) NOT OK Note:	**Baffle Wall** Circle One) (OK) NOT OK Note:
VISIBLE DESCRIPTORS *(Circle All that Apply)*	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed		
	Notes: Looks Good!		
SEPTIC TANK SETBACKS	**Setbacks to On-site Water Well** (50 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet	**Setbacks to Neighbor's Well** (50 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet	**Setbacks to Public Water Well** (100 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm (N/A)	**To Property Lines, Structures, Waterlines** (Met) Not Met Unable to Confirm N/A	**Setbacks to Disposal System** (Met) Not Met Unable to Confirm N/A

HOLDING TANK	**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:

Disposal System

TYPE OF DISPOSAL SYSTEM *Circle ALL that apply*	**Conventional**	**Trench** (Pipe and Gravel) **Chambers** **Synthetic Aggregate** **Other** **Seepage Pit** **Leaching Bed** **Elevated System with Lift Station**
	Alternative/ Other	**Elevated System with Pressure-Dosing** **Wisconsin Mound** **ET Bed** **Gray Water System** **Drip System** **Low-pressure Dosed** **Split-Flow** **Bottomless Sand Filter** **Sand-lined Trench** **Soil-Replacement** **Vault** **Privy** **Constructed Wetlands** **Other:**

ANNUAL OPERATING PERMIT	**Annual Operating Permit Approved?** YES NO N/A		
DISTRIBUTION BOX	**Is there a D Box on this system?** Y S O A ONFIRM	**Watertight & Equal Distribution of Flow?** YES NO UNABLE TO CONFIRM	**Access to D-Box?** *(Required 2013)* YES NO
INSPECTION METHODS & OBSERVATIONS	**Did you Probe Disposal Field Area?** YES (NO)	**Approximately how many Gallons of water added for Hydraulic Water Test?** Gallons Added: 500	**Method used to measure gallons?** Bucket 5 gal, minutes: Water meter: (X) Approximate:
	Any Indication of Previous Failure? YES (NO)	**Seepage Visible on Lawn?** YES (NO)	**Lush Vegetation Present?** Y (N)
	Evidence of Ponding Water in Field? YES (NO) N/A UNABLE TO CONFIRM	**Even Distribution of Effluent in Field?** YES NO N/A (UNABLE TO CONFIRM)	**Any Septic Odor Present?**
DISPOSAL SYSTEM SETBACKS	**Setbacks to On-site Water Well** (100 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet	**Setbacks to Neighbor's Well** (100 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet	**Setbacks to Public Water Well** (200 ft) Met Not Met Unable to Confirm (N/A) Distance: Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm (N/A)	**To Property Lines, Structures, Waterlines** (Met) Not Met Unable to Confirm N/A	**Setbacks to Septic Tank** (Met) Not Met Unable to Confirm

Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number: BE110024

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)*: All good.

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	Evaluator's Signature	Date
Julian Rodriguez		3/27/26

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

1	Immediate action is required by property owner to remedy hazard
2	A permit modification, upgrade or repair of the system are required. If permit modification is required, an application must be submitted to NMED Field Office for review and approval. The system must be brought into compliance with current regulations. For A [illegible] p [illegible] p [illegible] be obtained.
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: $50 CK#7098	Invoice # IN-00975-C9309	Date Paid: APR 07 2026	Payment Received By J. Salazar

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
NM ENVI
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APR 7 2026

LIQUID WASTE SYSTEM EVALUATION

To be completed by **Third Party Evaluator**

Liquid Waste Permit Number: BE110024

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:

[X] 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 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:

[X] 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)