



GENERAL INFORMATION			Liquid Waste Permit Number:
To be completed by Owner or Owner's Representative			TA940103
EXISTING PERMIT INFORMATION	Existing Permit Number(s) TA940103	Lot Size on Permit (to 0.01 acres) .96	Number of Bedrooms on Permit 2+2
CURRENT OWNER INFORMATION	Name JAMES & MARILYN COX	Mailing Address 723 BROAD STREET LA RE CHARLES LA 70601	Phone
PROPERTY INFORMATION	Site Address 375 UPPER RANCHO LOS RD TAOS, NM 87571	Uniform Property Code (13 digits, #-###-###-###-###) 1074149A7385	Lot Size (to 0.01 Acres) 0.96
	Township/Range/Section 25N 13E 8	Subdivision	Lot/Tract/Block/Unit
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: 1 bdrm Guest house
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 Chris Espinoza	Name of Company Chris Espinoza	Phone Number 741-0485
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# 30044	Expiration Date
SEPTAGE PUMPER INFO	Name of Company Ray's Pumping	Name of Septage Pumper RAY BALCA	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO

OTHER INFORMATION

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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	Signature	Date
Chris Espinoza		04-19-2021

LUSA GUERCINI

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

TA940103

Septic Tank

LOCATION	Latitude (DD.ddddd°)	Longitude (DDD.ddddd°)	Elevation (Feet)
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank ?
Tank Dimensions: (ext lth x wth x lg dth, inches) 5 x 8 x 6	Covers Secure? <input checked="" type="checkbox"/> YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 14' feet	Year Tank Manufactured (as marked on tank) 1994
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) <input checked="" type="checkbox"/> YES NO Not Required	Effluent Filter? (Required 2005) YES NO Not <u>Required</u>	Handle on Effluent Filter within 6" cover? (Required 2013) YES NO Not <u>Required</u>
	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) 24" <u>30</u> Other: _____	Material: (metal prohibited) Concrete coated <u>Plastic</u> Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 1000 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) <u>Met</u> Not Met Unable to Confirm N/A Distance: 100+ Feet	Setbacks to Neighbor's Well (50 ft) <u>Met</u> Not Met Unable to Confirm N/A Distance: 100+ Feet	Setbacks to Public Water Well (100 ft) <u>Met</u> Not Met Unable to Confirm N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <u>Met</u> Not Met Unable to Confirm N/A	To Property Lines, Structures, Waterlines <u>Met</u> Not Met Unable to Confirm N/A	Setbacks to Disposal System <u>Met</u> 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:

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Disposal System

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TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	<u>Conventional</u>	Trench Seepage Pit	Pipe and Gravel Leaching Bed	Chambers Elevated System with Lift Station	Synthetic Aggregate ET Bed	Other <u>GRAV LOSS</u>
	Alternative/Other	Elevated System with Pressure-Dosing Vault	Wisconsin Mound Split-Flow Privy	Bottomless Sand Filter Constructed Wetlands	ET Bed Sand-lined Trench	Gray Water System Soil-Replacement Drip System
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A _____					
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO <u>UNABLE TO CONFIRM</u>		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? <u>YES</u> NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: <u>200</u>		Method used to measure gallons? Bucket 5 gal, minutes: _____ Water meter: <u>Approximate</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 <u>NO</u> N/A UNABLE TO CONFIRM		Even Distribution of Effluent in Field? YES NO N/A <u>UNABLE TO CONFIRM</u>		Any Septic Odor Present? YES <u>NO</u>	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) <u>Met</u> Not Met Unable to Confirm N/A Distance: 100+ Feet		Setbacks to Neighbor's Well (100 ft) <u>Met</u> Not Met Unable to Confirm N/A Distance: 100+ Feet		Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm <u>N/A</u> Distance: _____ Feet	
	Setbacks: State Waters, Arroyos, Ditches <u>Met</u> Not Met Unable to Confirm N/A		To Property Lines, Structures, Waterlines <u>Met</u> Not Met Unable to Confirm N/A		Setbacks to Septic Tank <u>Met</u> Not Met Unable to Confirm	

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

To be completed by Third Party Evaluator

TA990103

FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly?	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design?
	YES <input checked="" type="radio"/> NO	N/A Yes No Unable to Confirm

Note any Problems, Concerns or Comments:

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

ATs 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?	System appears to have been properly maintained?	Disinfection unit is working properly?	Has System been meeting treatment levels required on permit?
	YES NO	YES NO	Chlorine UV Other: _____ YES NO N/A	YES NO DON'T KNOW

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

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

Note any Problems, Concerns or Comments:

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

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

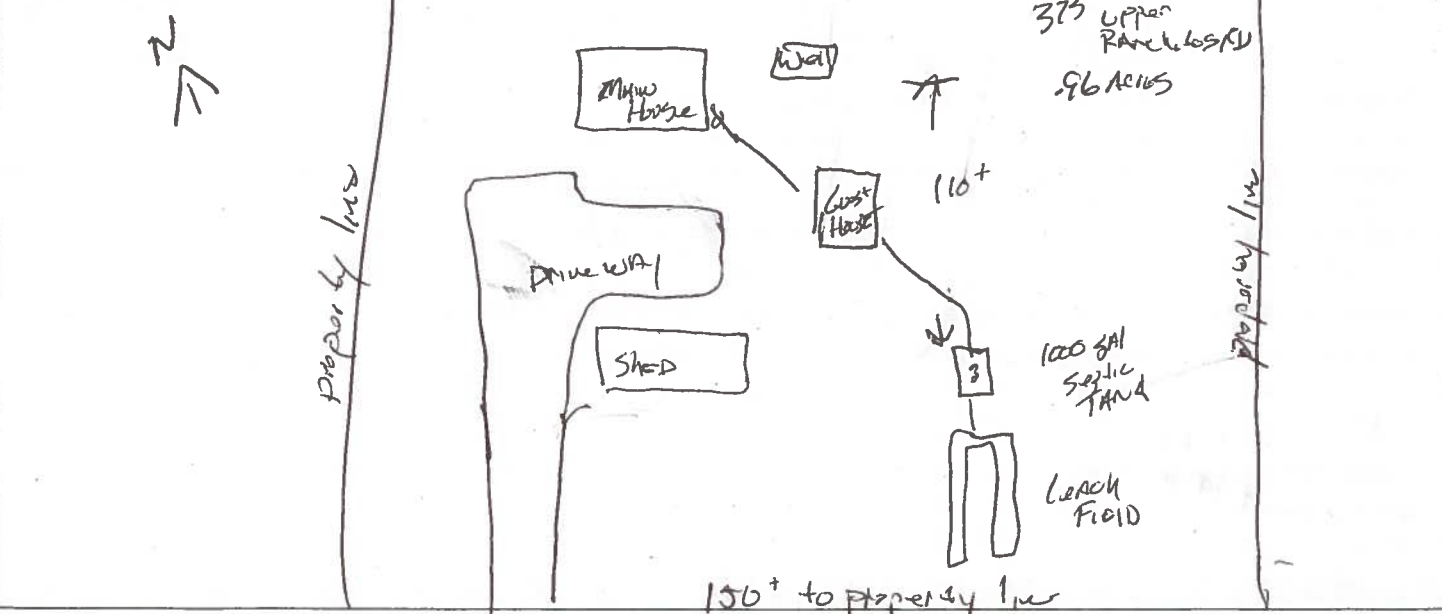
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Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)



Property Transfer Evaluation Summary

Liquid Waste Permit Number:

For Permitted Onsite Liquid Waste Systems

TA946103

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 <i>Circle All that Apply</i>		Liquid waste system appears to be functioning properly Disposal System Needs Replacement/Expansion or Repairs Comments (describe any problems with the system and any repairs made):	Septic Tank Needs Replacement ATS Needs Replacement, Maintenance /Repairs	Septic Tank Needs Repairs

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 <i>Chris Espinoza</i>	Evaluator's Signature <i>[Signature]</i>	Date <i>04-14-2021</i>
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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 ONEY 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

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