



**GENERAL INFORMATION**

To be completed by Owner or Owner's Representative

Liquid Waste Permit Number:

<b>EXISTING PERMIT INFORMATION</b>	Existing Permit Number(s) TA960334	Lot Size on Permit (to 0.01 acres) 2 Acre	Number of Bedrooms on Permit 2
<b>CURRENT OWNER INFORMATION</b>	Name GAIL KENNEDY	Mailing Address PO	Phone
<b>PROPERTY INFORMATION</b>	Site Address 38 Tres Comas R2 Arroyo Honda TAs	Uniform Property Code (13 digits, #-###-###-###-###)	Lot Size (to 0.01 Acres) 2 Acre
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
<b>RESIDENCE INFORMATION</b>	Current Number of Bedrooms in Main Residence 1 <input checked="" type="radio"/> 2 3 4 5 6 Other:	Other structure on property being used as a residence? YES <input type="radio"/> NO <input checked="" type="radio"/>	Describe Current Number of Bedrooms In Other Residential Structures: N/A
<b>WATER SOURCE</b>	Water Source (Circle One) <input checked="" type="radio"/> Private Well <input type="radio"/> Public Water Shared Well <input type="checkbox"/> No. Connections _____	Well on your property? <input checked="" type="radio"/> YES <input type="radio"/> NO	Well Permit Number
<b>OTHER SOURCES OF WASTEWATER</b>	Any other sources of wastewater on this property? YES <input type="radio"/> NO <input checked="" type="radio"/>	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 Wallace Archuleta	Name of Company Aval Mechanical	Phone Number 970-0196
<b>THIRD PARTY EVALUATOR QUALIFICATION</b>	NM-98 <input type="checkbox"/> NM-01 <input checked="" type="checkbox"/> MS-03 <input type="checkbox"/> MS-01 <input type="checkbox"/> PE <input type="checkbox"/> NSF <input type="checkbox"/> NEHA <input type="checkbox"/> RENSRS <input type="checkbox"/> OTHER (Approved by NMED) For "OTHER" state date approved by NMED.	License/Certification#	Expiration Date
<b>SEPTAGE PUMPER INFO</b>	Name of Company S&R	Name of Septage Pumper ELI	Is this person a Qualified Septage Pumper under Section 90100 of Regulations? <input checked="" type="radio"/> YES <input type="radio"/> NO
<b>OTHER INFORMATION</b>			

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**NOTICE TO OWNER OR AGENT:**

- This report shall not be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system.
- A fee or \$50.00 will be charged by the department upon filing this report to be included in the official record.

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

Owner or Authorized Representative Name Printed Wallace Archuleta	Signature 	Date 7-15-22
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# LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Waste Permit Number: \_\_\_\_\_

## Septic Tank

<b>LOCATION</b>	Latitude (DD dddd")	Longitude (DDD dddd")	Elevation (Feet)
<b>SIZE and MATERIALS</b>	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) x x	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 13 feet	Year Tank Manufactured (as marked on tank)
<b>ACCESS RISERS</b>	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" req'd) 24" 30" Other: _____	Material: (metal prohibited) Concrete coated Plastic Concrete Type V
<b>FUNCTIONALITY</b>	How many Gallons were pumped for this evaluation? 1000 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) Note: OK NOT OK	Outlet Tee/Baffle (Circle One) Note: OK NOT OK	Baffle Wall (Circle One) Note: OK NOT OK
<b>VISIBLE DESCRIPTORS</b> (Circle All that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar Wire Tank/Manhole Deformed Notes: _____		
<b>SEPTIC TANK SETBACKS</b>	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
<b>HOLDING TANK</b>	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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<b>TYPE OF DISPOSAL SYSTEM</b> (Circle ALL that apply)	Conventional	Trench	Pipe and Gravel	Chambers	Synthetic Aggregate	Other ?
	Alternative/Other	Seepage Pit	Leaching Bed	Elevated System with Lift Station	Wisconsin Mound	ET Bed Gray Water System Drip System
<b>ANNUAL OPERATING PERMIT</b>	Annual Operating Permit Approved? YES NO N/A					
<b>DISTRIBUTION BOX</b>	Is there a D-Box on this system? YES NO UNABLE TO CONFIRM		Watertight & Equal Distribution of Flow? YES NO UNABLE TO CONFIRM		Access to D-Box? (Required 2013) YES NO	
	Did you Probe Disposal Field Area? YES NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: _____		Method used to measure gallons? Bucket 5 gal, minutes: _____ Water meter: _____ Approximate: _____	
<b>INSPECTION METHODS &amp; OBSERVATIONS</b>	Any Indication of Previous Failure? YES NO		Seepage Visible on Lawn? YES NO		Lush Vegetation Present? YES NO	
	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? YES NO	
	<b>DISPOSAL SYSTEM SETBACKS</b>					
Setbacks to On-site Water Well (100 ft) Met Not Met Unable to Confirm N/A Distance: 100+ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm N/A Distance: 100+ 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		

# LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number: \_\_\_\_\_

To be completed by Third Party Evaluator

<b>FUNCTIONALITY</b>	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
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Note any Problems, Concerns or Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

<b>TYPE OF ATS</b>	Name of Manufacturer	Model/Capacity	What Level of Treatment Secondary Tertiary Disinfection
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<b>FUNCTIONALITY</b>	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
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<b>MAINTENANCE</b>	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
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<b>ANNUAL OPERATING PERMIT</b>	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
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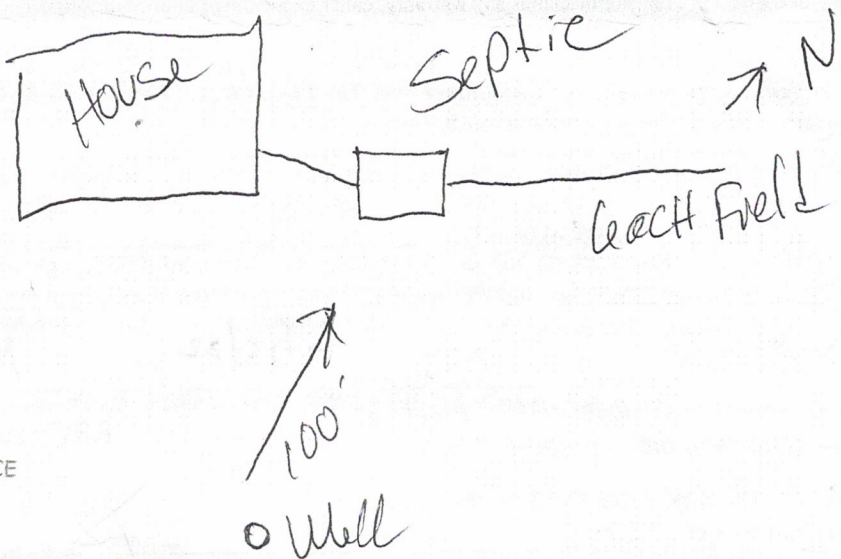
Note any Problems, Concerns or Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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

<b>FUNCTIONALITY</b>	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)



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# Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

**Note: Unlicensed evaluators, seepage 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 <sup>1</sup>	NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO <sup>2</sup>
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO <sup>2</sup>
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO <sup>2</sup>
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 <sup>3</sup>
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 <sup>3</sup>
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 <sup>3</sup>	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 <sup>2</sup> N/A
Evaluators Recommendations		Liquid waste system appears to be functioning properly		
Circle All that Apply		Septic Tank Needs Replacement    Septic Tank Needs Repairs Disposal System Needs Replacement/Expansion or Repairs    ATSS Needs Replacement, Maintenance /Repairs		
Comments (describe any problems with the system and any repairs made):				

**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: Wallace Archuleta      Evaluator's Signature: [Signature]      Date: \_\_\_\_\_

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 LIQUID WASTE FEE (\$50)	Fee Paid: \$50.00	Invoice #	Date Paid: 7/15/22	Payment Received By: MS
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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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