

Liquid Waste Permit Number: TA02-0014

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Date of Evaluation:		Septic Tank		Elevation (Feet)
LOCATION	Latitude (DD.dddd°)	Longitude (DDD.dddd°)		Manufacturer of Tank
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other		Year Tank Manufactured
	Tank Depth (Top of Tank to ground surface) _____ Feet	Covers Secure? YES NO		Handle on Effluent Filter? (Required 2013) YES NO Not Required
ACCESS RISERS	Access Risers - Inlet & Outlet (Req'd 2005) YES NO <u>Not Required</u>	Effluent Filter? (Required 2005) YES NO <u>Not Required</u>		Does Tank appear Level? (Circle One) YES NO
	FUNCTIONALITY	Water Level in Tank at Outlet (Circle One) Above Invert <u>At Invert</u> Below Invert		
How many Gallons were pumped for this evaluation? <u>1000 +/-</u> Gallons	Inlet Tee/Baffle (Circle One) OK NOT OK		Outlet Tee/Baffle (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			
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: <u>100 +/-</u> Feet		Setbacks to Neighbor's Well (50 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet	
	Setbacks: State Waters, Arroyos, Ditches Met Not Met <u>Unable to Confirm</u> N/A		To Property Lines, Structures, Waterlines Met Not Met <u>Unable to Confirm</u> N/A	
HOLDING TANK	High Level Alarm working properly? YES NO <u>N/A</u>		Appears to be Watertight? YES NO N/A	
	Pumping Records Available? YES NO <u>N/A</u>			

Note any Problems, Concerns or Comments:

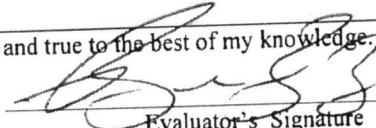
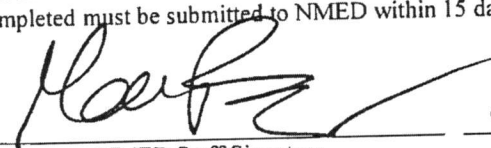
Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional <u>Trench</u> Pipe and Gravel <u>Chambers</u> Synthetic Aggregate Other	Elevated System with Lift Station	
	Alternative/Other	Seepage Pit Leaching Bed	Wisconsin Mound ET Bed Gray Water System Drip System
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO <u>UNABLE TO CONFIRM</u>	Watertight & Equal Distribution of Flow? YES NO <u>UNABLE TO CONFIRM</u>	
	Access to D-Box? (Required 2013) YES NO	Other Method? YES NO <u>NO</u>	
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? YES NO <u>NO</u>	Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: <u>100 +/-</u>	
	Any Indication of Previous Failure? YES NO <u>NO</u>	Seepage Visible on Lawn? YES NO <u>NO</u>	
	Evidence of Ponding Water in Field? YES NO N/A <u>UNABLE TO CONFIRM</u>	Even Distribution of Effluent in Field? YES NO N/A <u>UNABLE TO CONFIRM</u>	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: <u>100 +/-</u> Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met <u>Unable to Confirm</u> N/A		To Property Lines, Structures, Waterlines Met Not Met <u>Unable to Confirm</u> N/A
FUNCTIONALITY	Setbacks to Public Water Well (200 ft) Met Not Met <u>Unable to Confirm</u> N/A Distance: _____ Feet		Setbacks to Septic Tank Met Not Met <u>Unable to Confirm</u>
	Does the Disposal System Appear to be Functioning Properly? YES NO <u>NO</u>		If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? <u>N/A</u> Yes No Unable to Confirm

Note any Problems, Concerns or Comments:

No Survey Pluggers to Confirm Setbacks

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On-Site Liquid Waste System Evaluation Summary		Circle One		
		YES	NO	
FLOOR PLAN ATTACHED (Required)	Has the applicant provided a sketch of the floor plan of all structures which clearly identifies all rooms(including bedrooms & kitchens)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDRESS	Is the address listed on this permit the same as the current address?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
LOT SIZE	Is the Lot Size listed on the permit the same as the current lot size for this property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances? <i>No Flansins to Contain</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? Attach a Copy	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Has the system been sampled and monitored in accordance with permit conditions?	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Is a Monitoring or Sampling Report attached? (Required for All ATS)	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
PUBLIC HEALTH and SAFETY	Is it your professional opinion that this system <u>does not</u> currently constitute a public health or safety hazard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR RECOMMENDATIONS Circle All that Apply	<input checked="" type="checkbox"/> Septic Tank is Functioning Properly Septic Tank Needs Replacement Septic Tank Needs Repairs <input checked="" type="checkbox"/> Disposal System is Functioning Properly Disposal System Needs Replacement/Expansion or Repairs <input type="checkbox"/> ATS is Functioning Properly ATS Needs Replacement, Maintenance or Repairs			
Clarify Recommendations, Problems, Concerns, Comments etc.:				
Describe any Repairs that are required <u>and</u> any Repairs that were completed:				
The information contained in this report is correct and true to the best of my knowledge.				
<u>Dennis Fernandez</u> Evaluator's Name Printed		 Evaluator's Signature		<u>9/24/14</u> Date
NMED REVIEW: NMED has reviewed the information provided above and has determined the following: <input checked="" type="checkbox"/> The Liquid Waste Permit is valid and the liquid waste system appears to be functioning properly; no further action required <input type="checkbox"/> A Modification Permit is required and a complete application must be submitted to NMED within 15 days of this evaluation <input type="checkbox"/> Repairs are Required- Verification that repairs have been completed must be submitted to NMED within 15 days of this report Comments:				
Reviewed by: <u>Matthew Boer</u> NMED Staff Name Printed		 NMED Staff Signature		<u>9/30/14</u> 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. Return completed form with all required documents to the local Environment Department Field Office This form is valid for 180 days after the date of the signature of the Evaluator.				

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Advanced Treatment System <input type="checkbox"/> Not Applicable <small>check here if not applicable</small>			
Advanced Treatment Systems 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	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

Note any Problems, Concerns or Comments:

Pump Systems <input type="checkbox"/> Not Applicable <small>check here if not applicable</small>			
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)

See Attached Site Plan