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: TA060192

EXISTING PERMIT INFORMATION	**Existing Permit Number(s)**: TA060192	**Lot Size on Permit** (to 0.01 acres): 1.030	**Number of Bedrooms on Permit**: 3
CURRENT OWNER INFORMATION	**Name**: Jay & Arie Lee Cox	**Mailing Address**: 560 Camino Coronado, Taos NM 87571	**Phone**
PROPERTY INFORMATION	**Site Address**: 560 Camino Coronado, Taos, NM 87571	**Uniform Property Code** *(13 digits, #-###-###-###-###)*: 10741474620030	**Lot Size** *(to 0.01 Acres)*: 1.03
	Township/Range/Section: 25N 13E 20	**Subdivision**	**Lot/Tract/Block/Unit**: 53
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**: Chris Espinoza	**Name of Company**: Chris Espinoza	**Phone Number**: 575-741-0485
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 apprvoved by NMED:	**License/Certification#**: 30044	**Expiration Date**
SEPTAGE PUMPER INFO	**Name of Company**: Arroyo Seco Septic	**Name of Septage Pumper**: Billy Romero	**Is this person a Qualified Septage Pumper under Section 904(D) of Regulations?**: (YES) 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 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**
Chris Espinoza		7-22-2025

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LIQUID WASTE SYSTEM EVALUATION

To be completed by **Third Party Evaluator**

Liquid Waste Permit Number: TA060192

Septic Tank

LOCATION

Latitude (DD.ddddd°): 36.38013

Longitude (DDD.ddddd°): 105.56959

Elevation (Feet):

SIZE and MATERIALS

Size (gallons): (1000) 1200 1500 Other: _____

Material: (Concrete) Plastic Fiberglass Other Note:

Manufacturer of Tank: Silva's

Tank Dimensions: *(ext lth x wth x lq dth, inches)* 5 x 8 x 6

Covers Secure? (YES) NO

Tank Cover Depth *(Top of Tank to grade) (3' max unless otherwise approved)* 16" feet

Year Tank Manufactured *(as marked on tank)* 2006

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? 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): (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:

SEPTIC TANK SETBACKS

Setbacks to On-site Water Well (50 ft): (Met) Not Met Unable to Confirm N/A Distance: 100+ Feet

Setbacks to Neighbor's Well (50 ft): (Met) Not Met Unable to Confirm N/A Distance: 100+ 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? YES (NO) UNABLE TO CONFIRM

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: 150

Method used to measure gallons? Bucket 5 gal, minutes: Water meter: (Approximate:)

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)

DISPOSAL SYSTEM SETBACKS

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

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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number: TA060192

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:

[ ] 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

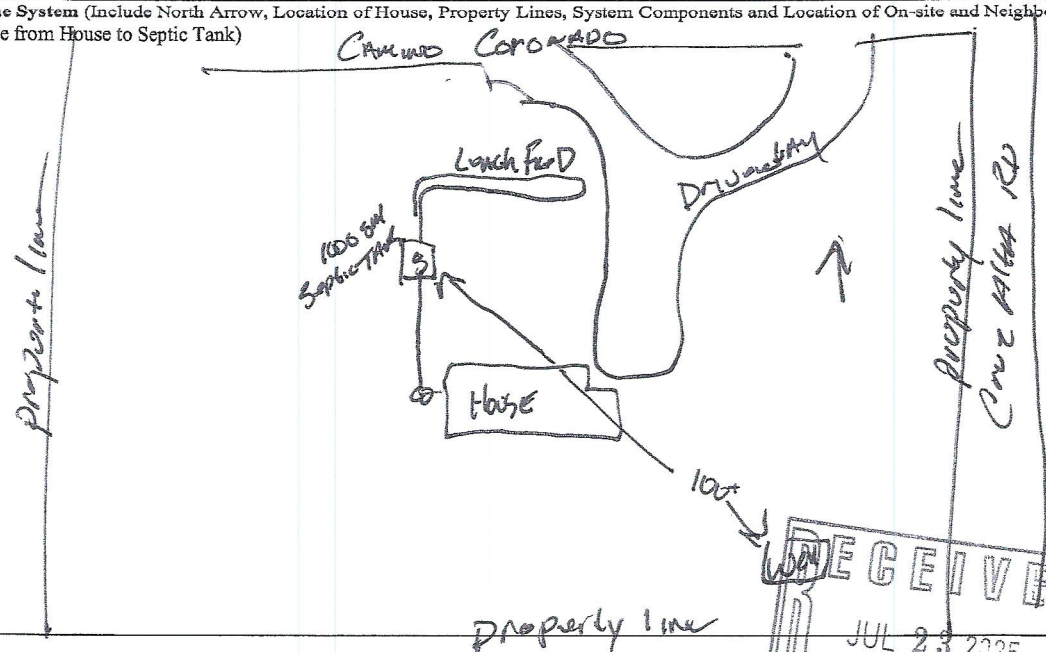
Note any Problems, Concerns or Comments:

[ ] 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)



Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number: TA060192

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)*:

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
CHRIS ESPINOZA		07-21-2025

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:	Invoice #	Date Paid:	Payment Received By
	$50		7/23/25	CH# 2705

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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