



GENERAL INFORMATION

To be completed by Owner or Owner's Representative

Liquid Waste Permit Number:

EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>TA020331</u>	Lot Size on Permit (to 0.01 acres) <u>1.0</u>	Number of Bedrooms on Permit <u>3</u>
CURRENT OWNER INFORMATION	Name <u>Michael and Mary Stephens</u>	Mailing Address <u>721 Petunia Dr Lantana, TX 76226</u>	Phone <u>(214) 476-3468</u>
PROPERTY INFORMATION	Site Address <u>16 Calle de las Palomas Angel Fire, NM 87710</u>	Uniform Property Code (13 digit, 9-999-999-999) <u>UPC 1087150358399</u>	Lot Size (to 0.01 Acres) <u>.65 acres</u>
	Township/Range/Section	Subdivision <u>AF Country Club #1</u>	Lot/Tract/Block/Unit <u>883</u>
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 <input checked="" type="checkbox"/> 3 4 5 6 Other:	Other structure on property being used as a residence? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Describe Current Number of Bedrooms In Other Residential Structures:
WATER SOURCE	Water Source (Circle One) Private Well <input type="checkbox"/> Public Water <input checked="" type="checkbox"/> Shared Well No. Connections _____	Well on your property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Well Permit Number
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u>Gynthia Coss</u>	Name of Company <u>Bob's Yard Inc</u>	Phone Number <u>5753771046</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 <u>MS-03</u> MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# <u>378983</u>	Expiration Date <u>2025</u>
SEPTAGE PUMPER INFO	Name of Company <u>Bob's yard inc</u>	Name of Septage Pumper <u>Clayton Coss</u>	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

OTHER INFORMATION
 Contract Closing Date: October 7, 2024

Septic Inspection deadline per contract: Septemeber 23, 2024. However, due to the late delivery of this request to Bob's Yard, I am not asking you to meet that deadline. If, however you are not backed up and can make it, it would be of great help. Gathe Moon

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 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 <u>Catherine Moon</u>	Signature 	Date <u>9/20/2024</u>
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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

TA020331

Septic Tank

LOCATION	Latitude (DD.ddddd°) 36° 23.359	Longitude (DDD.ddddd°) 105° 17.340	Elevation (Feet) 8130
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note: Black poly	Manufacturer of Tank
Tank Dimensions: (ext lth x with x lq dth, inches) _____ x _____	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 12" feet	Year Tank Manufactured (as marked on tank) 2002
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" req'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: NO "T"	Outlet Tee/Baffle (Circle One) OK NOT OK Note: NO "T"	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		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Confirm N/A Distance: City Water Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm N/A Distance: City Water 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 <i>Circle ALL that apply</i>	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
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? YES NO
	Any Indication of Previous Failure? YES NO
	Evidence of Ponding Water in Field? YES NO N/A UNABLE TO CONFIRM
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met Unable to Confirm N/A Distance: City Water Feet
	Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm N/A Distance: City Water Feet
	Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm N/A Distance: _____ Feet
	Setbacks to Septic Tank Met Not Met Unable to Confirm

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

TA020331

To be completed by Third Party Evaluator

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 NO	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
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:

TA020331

Note: Unlicensed evaluators, septage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system

Evaluation Criteria <small>(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)</small>		Circle One <small>You must circle one for each item or this form will be considered incomplete</small>	
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? <i>(Required for All ATSS)</i>	YES	NO ² N/A
Evaluator Recommendations <i>Circle All that Apply</i>		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 <i>(describe any problems with the system and any repairs made):</i>	

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>Cynthia Case</i>	Evaluator's Signature 	Date <i>9/23/21</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 ONLY 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