



GENERAL INFORMATION
To be completed by Owner or Owner's Representative

Liquid Waste Permit Number:
ES 060080

EXISTING PERMIT INFORMATION	Existing Permit Number(s) ES 060080	Lot Size as Permitted (in D.B.I. Acres) 4.3866	Number of Structures as Permitted 2
CURRENT OWNER INFORMATION	Name JOSEPH BRAUN SARA GUTIERRES	Mailing Address 1298 Maple Ave Tempe, AZ 85281	Phone (480) 578-7262
PROPERTY INFORMATION	Site Address 395 CR 73 DJO SARCO, NM	Uniform Property Code (11 digit, 8-999-999-999) 10-631-214-0826	Lot Size (in D.B.I. Acres) 4.62
	Township/Range/Section T22N R11E S8	Subdivision -	Lot/Tract/Block/Unit -
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence: 1 (2) 3 4 5 6 Other:	Other structures on property being used as a residence? YES (NO)	Describe Current Number of Structures in Other Residential Structures: -
WATER SOURCE	Water Source (Circle One) <input checked="" type="radio"/> Private Well <input type="radio"/> Public Water	Well on your property? YES (NO)	Well Permit Number RL733002
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 LWS System Gilbert A. Chavez	Name of Company Chavez Septic	Phone Number 4660905
THIRD PARTY EVALUATOR QUALIFICATION	NSL-98 MM-81 MS-81 NE-81 PE NSP NCHA RESURS OTHER (Approved by NREB) See "OTHER" area for approval by NREB	Licensing/Certification 5263 JTC	Expiration Date 2023
SEPTAGE NUMBER (NWP)	Name of Contractor Chavez Septic	Name of Septage Pump Gilbert A. Chavez	Is this person a Qualified Septage Pumping under Section 904(D) of Regulations? YES (NO)

OTHER INFORMATION

RECEIVED

OCT 31 2022

NOTED

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 JEFFERSON WELLS BERKSHIRE HARDWARE HOMESERVICE	Signature 	Date 4 OCT 22
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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

ES060080

Septic Tank

LOCATION	Latitude (DD,MM,SS)	Longitude (DDD,MM,SS)	Elevation (ft)
SEWER and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete <input checked="" type="checkbox"/> Plastic <input checked="" type="checkbox"/> Fiberglass Other Note: _____	Manufacturer of Tank MORWESCO
	Tank Dimensions: (see list & work by dist. inched) 5' x 5' x 8'	Covers Secure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tank Cover Depth (Top of Tank to grade) (1" max unless otherwise approved) 8" feet
ACCESS RISES	Access Risers - Inlet & Outlet? (Req'd if 1997 L.R. grade, 2002 to grade) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Required	Effluent Filter? (Required 2013) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Required	Handle an Effluent Filter within 6" cover? (Required 2013) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Required
	Number of Risers on tank: (over inlet and outlet, cover baffle wall must not be acceptable) 0 1 2	Riser Internal Diameter: (inches) (3" cover 24", over 1" 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 <input checked="" type="checkbox"/> Below Invert	Does Tank appear Level? (Circle One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Inlet Tee/Baffle (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK Note: _____	Outlet Tee/Baffle (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK Note: _____	Baffle Wall (Circle One) <input checked="" type="checkbox"/> OK <input type="checkbox"/> NOT OK Note: _____
VISIBLE DESCRIPTORS (Circle all that apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed Notes: Some cracking on Buckling of Tank		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: 100+ Feet	Setbacks to Neighbor's Well (50 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Public Water Well (100 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A	To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A	Setbacks to Disposal System <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A
HOLDING TANK	Annual Operating Permit Approved? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	High Level Alarm working properly? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Appears to be Watertight? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Pumping Records Available? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
Note any Problems, Concerns or Comments: Some buckling on inside of tank due to probably not fill tank with water when covering it at time of installation. A small crack on top which water level should not get that high but still not cover. Is water tight, and baffle wall is fixed to end of tank.			
Disposal System			
TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)	Conventional <input checked="" type="checkbox"/>	Trench Pipe and Gravel Seepage Pit <input type="checkbox"/>	Chemistry Synthetic Aggregate Other <input type="checkbox"/>
	Alternative/Other <input checked="" type="checkbox"/> NA	Elevated System with Pressure-Drain Low-pressure Dosed Vault Prely Constructed Wetlands <input type="checkbox"/>	Wholesome Mound ET Bed Grey Water System Drip System Sand-lined Trench Soil-Replacement <input type="checkbox"/>
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
DISTRIBUTION BOX	Is there a D-Box on this system? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNABLE TO CONFIRM	Watertight & Equal Distribution of Flow? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNABLE TO CONFIRM	Access to D-Box? (Required 2013) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	INSPECTION METHOD(S) & OBSERVATIONS	Did you Probe Disposal Field Area? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 100
DISPOSAL SYSTEM SETBACKS	Any Indication of Pre-flow Failure? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Seepage Visible on Lawn? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Lush Vegetation Present? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Evidence of Ponding Water in Field? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNABLE TO CONFIRM	Even Distribution of Effluent in Field? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/> UNABLE TO CONFIRM	Any Septic Odor Present? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Setbacks to On-site Water Well (100 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Neighbor's Well (100 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: _____ Feet	Setbacks to Public Water Well (200 ft) <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A Distance: 100+ Feet
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A	To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm N/A	Setbacks to Septic Tank <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met Unable to Confirm

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APPROVED

LIQUID WASTE SYSTEM EVALUATION		Liquid Waste Permit Number: ES 060080
<small>To be completed by Third Party Evaluator</small>		
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? <input checked="" type="radio"/> YES <input type="radio"/> NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to Confirm
Note any Problems, Concerns or Comments: Water Test Good, small Fitting repair Needed At out let pipe going to leach Field.		
Advanced Treatment Systems		
<i>ATs can only be evaluated by a Qualified Maintenance Service Provider.</i> Are you a Qualified MSP? <input type="radio"/> YES <input type="radio"/> NO		
TYPE OF ATS	Name of Manufacturer	Model/Capacity
FUNCTIONALITY	Aerator is working properly? <input type="radio"/> YES <input type="radio"/> NO	System appears to have been properly maintained? <input type="radio"/> YES <input type="radio"/> NO
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? <input type="radio"/> YES <input type="radio"/> NO Name of MSP:	Disinfection unit is working properly? Chlorine: <input type="radio"/> UV: <input type="radio"/> Other: <input type="radio"/> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Has a Maintenance & Monitoring event occurred within last 180 days? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW
		What Level of Treatment Secondary Tertiary Disinfection
		Has System been meeting treatment levels required on permit? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW
		Are Results of Maintenance & Monitoring Report Attached? <input type="radio"/> YES <input type="radio"/> NO
		Level of Treatment Required for: Est size Clearance Setback Soil
Note any Problems, Concerns or Comments:		
Pump Systems		
FUNCTIONALITY	Is pump operating properly? <input type="radio"/> YES <input type="radio"/> NO	Is pump above Tank floor? <input type="radio"/> YES <input type="radio"/> NO
	Alarms and pumps on separate circuits? <input type="radio"/> YES <input type="radio"/> NO	Is pump wiring protected? <input type="radio"/> YES <input type="radio"/> NO
	Is there a Riser to Grade w/ Secure Lid? <input type="radio"/> YES <input type="radio"/> NO	Is tank watertight and structurally sound? <input type="radio"/> YES <input type="radio"/> NO
		High Level Alarm Works? <input type="radio"/> YES <input type="radio"/> NO
		Both Audible & Visible Alarms present? <input type="radio"/> YES <input type="radio"/> NO
		Is there a Check Valve & Purge/Vent Hole? <input type="radio"/> YES <input type="radio"/> 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:

Note: Unlicensed evaluators, septic 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

The most likely one for each item of this form will be circled in black.

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 ³
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. <u>Septic Tank Needs Replacement</u> Disposal System Needs Replacement/Expansion or Repair. <u>ATS Needs Replacement, Maintenance/Repairs</u> Comments (describe any problems with the system and any repairs made):	Septic Tank Needs Repair	

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.

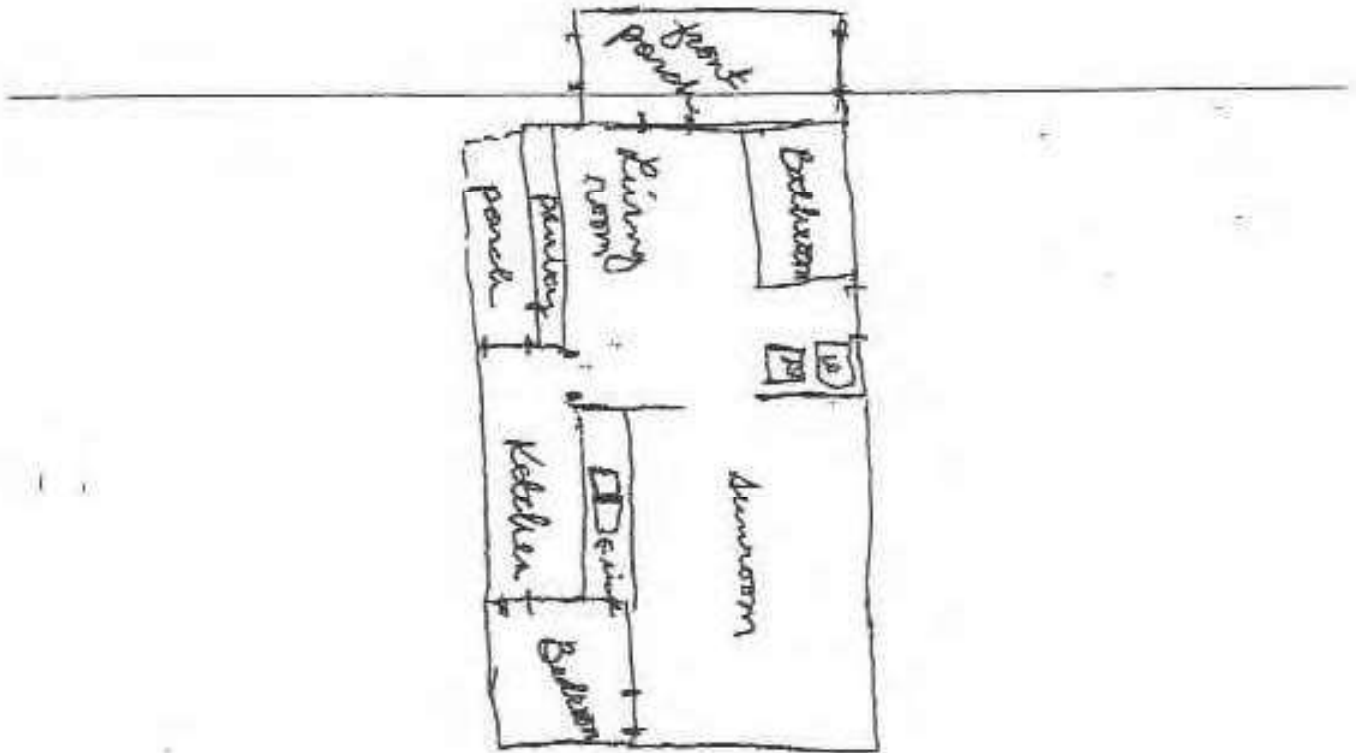
Evaluator's Name Printed: Gilbert A. Chavez Evaluator's Signature: Gilbert A. Chavez Date: 10-7-22

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 (25%)	Fee Paid: <u>\$50.00</u>	Invoice #	Date Paid: <u>10/21/22</u>	Payment Received By: <u>AW</u>
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 <u>OCT 21 2022</u>	



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OCT 31 2022