

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

000935

Septic Tank

LOCATION	Latitude (DD.dddd°) <u>35° 57' 4" N</u>	Longitude (DDD.dddd°) <u>104° 12' 31" W</u>	Elevation (Feet) <u>5910 Roy, Nm</u>
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: <u>1530</u>	Material Concrete <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass	Manufacturer of Tank <u>INFILTRATOR</u>
	Tank Dimensions: (ext lth x wth x lq dth, inches) <u>6</u> x <u>6</u> x <u>10</u>	Covers Secure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) <u>5'</u> feet
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required	Effluent Filter? (Required 2005) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) <u>0 1 2 18"</u>	Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" req'd) <input checked="" type="checkbox"/> 24" <input type="checkbox"/> 30" Other: _____	Material: (metal prohibited) Concrete coated <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>500</u> Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <input type="checkbox"/> 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 <u>ALL</u> that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed Notes: <u>LOOKS O.K</u>		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A	Setbacks to Disposal System <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A
HOLDING TANK	Annual Operating Permit Approved? YES NO <input checked="" type="checkbox"/> N/A	High Level Alarm working properly? YES NO <input checked="" type="checkbox"/> N/A	Appears to be Watertight? YES NO <input checked="" type="checkbox"/> N/A
			Pumping Records Available? YES NO <input checked="" type="checkbox"/> N/A

Note any Problems, Concerns or Comments:

Disposal System

TYPE OF DISPOSAL SYSTEM <i>Circle ALL that apply</i>	<input checked="" type="checkbox"/> Conventional	<input type="checkbox"/> Trench	<input type="checkbox"/> Pipe and Gravel	<input checked="" type="checkbox"/> Chambers	<input type="checkbox"/> Synthetic Aggregate	<input type="checkbox"/> Other
	<input type="checkbox"/> Alternative/Other	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Leaching Bed	<input type="checkbox"/> Elevated System with Lift Station	<input type="checkbox"/> Elevated System with Pressure-Dosing	<input type="checkbox"/> Wisconsin Mound
	<input type="checkbox"/> Low-pressure Dosed Vault	<input type="checkbox"/> Split-Flow	<input type="checkbox"/> Bottomless Sand Filter	<input type="checkbox"/> Sand-lined Trench	<input type="checkbox"/> ET Bed	<input type="checkbox"/> Gray Water System
	<input type="checkbox"/> Privy	<input type="checkbox"/> Constructed Wetlands	<input type="checkbox"/> Other:	<input type="checkbox"/> Soil-Replacement	<input type="checkbox"/> Drip System	
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO <input checked="" type="checkbox"/> N/A					
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO <input checked="" type="checkbox"/> UNABLE TO CONFIRM		Watertight & Equal Distribution of Flow? YES NO <input checked="" type="checkbox"/> UNABLE TO CONFIRM		Access to D-Box? (Required 2013) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Did you Probe Disposal Field Area? YES <input checked="" type="checkbox"/> NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: <u>500</u>		Method used to measure gallons? Bucket 5 gal, minutes: _____ Water meter: _____ Approximate: <u>40 min.</u>	
INSPECTION METHODS & OBSERVATIONS	Any Indication of Previous Failure? YES <input checked="" type="checkbox"/> NO		Seepage Visible on Lawn? YES <input checked="" type="checkbox"/> NO		Lush Vegetation Present? YES <input checked="" type="checkbox"/> NO	
	Evidence of Ponding Water in Field? YES NO N/A <input checked="" type="checkbox"/> UNABLE TO CONFIRM		Even Distribution of Effluent in Field? YES NO N/A <input checked="" type="checkbox"/> UNABLE TO CONFIRM		Any Septic Odor Present? YES <input checked="" type="checkbox"/> NO	
	Setbacks to On-site Water Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet		Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm <input checked="" type="checkbox"/> N/A Distance: _____ Feet	
DISPOSAL SYSTEM SETBACKS	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A		To Property Lines, Structures, Waterlines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm N/A		Setbacks to Septic Tank <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Confirm	

NM ENVIRONMENT DEPARTMENT
RECEIVED

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

000935

To be completed by Third Party Evaluator

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**

ATs 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	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
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

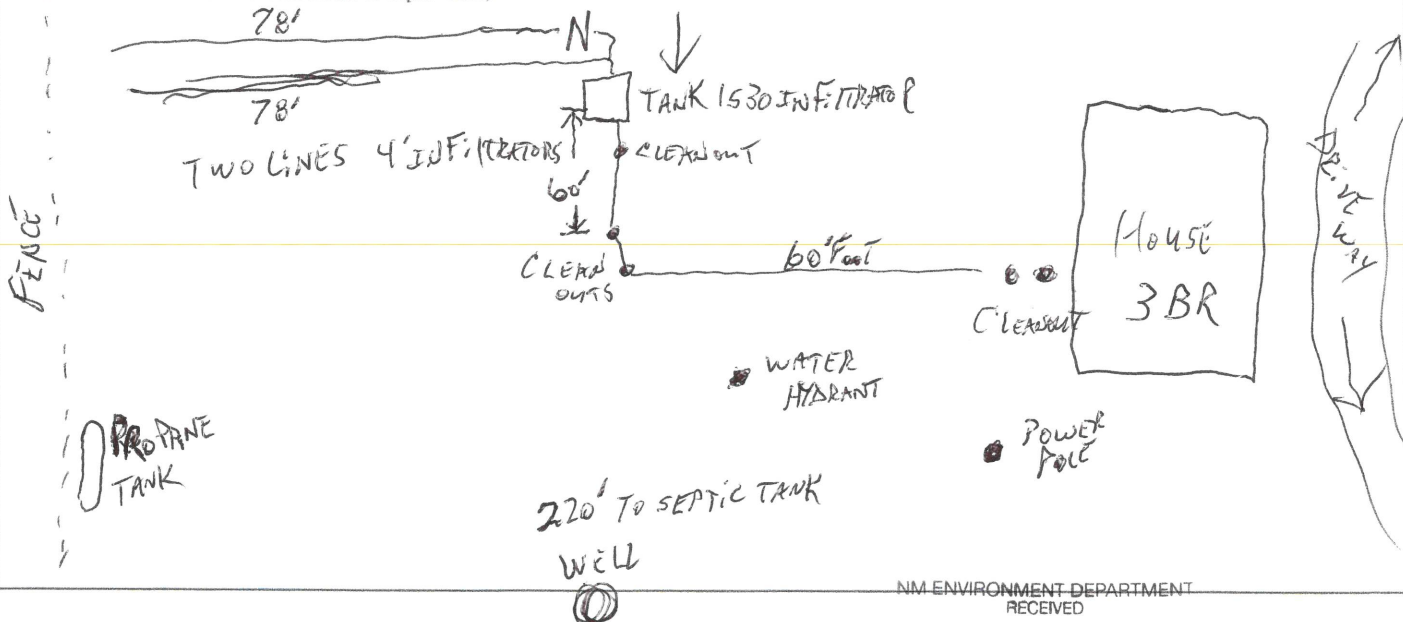
Note any Problems, Concerns or Comments:

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)



NM ENVIRONMENT DEPARTMENT
RECEIVED

Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

000935

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	<input type="radio"/> NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	<input checked="" type="radio"/> YES	NO ²
3	Disposal System	Does the disposal system appear to be functioning properly?	<input checked="" type="radio"/> YES	NO ²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> NO ² <input checked="" type="radio"/> N/A

Evaluator Recommendations 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
Circle All that Apply **Comments** *(describe any problems with the system and any repairs made):*

SYSTEM LOOKS NORMAL

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 LARRY LOPEZ	Evaluator's Signature Larry Lopez	Date 4-9-26
--	---	---

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: 4-23-2026	Payment Received By C-S
--	---	-----------	--	---

<p style="text-align: center;">Return this completed report to the local NMED Field Office within 15 days of the evaluation.</p> <p style="text-align: center;">This form is valid for 180 days after the date the evaluation was conducted.</p>	<p>NMED DATE STAMP for Date Received</p> <p style="font-size: 0.8em;">NM ENVIRONMENT DEPARTMENT RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">APR 10 2026</p>
---	--

NMED/EHB