



State of New Mexico
ENVIRONMENT DEPARTMENT
 Field Operations Division
 Liquid Waste Program



ONSITE WASTEWATER SYSTEM INSPECTION & EVALUATION FORM
 For Use Prior to, or Upon, Transfer of Ownership

GENERAL INFORMATION (To be completed by Owner or Owner's Representative):

*Owner _____ Phone _____

*Mailing Address _____ City _____ State _____ Zip _____

*Site Address _____ Lot Size _____

Property: Township _____ Range _____ Section _____

Subdivision _____ Unit No. _____ Block No. _____ Lot No. _____

Uniform Property Code _____

*Liquid Waste Permit # _____ (If no permit exists: If system was installed before 2/1/02, an Application for Certificate of Registration must be submitted with this form. If installed after 2/1/02, contact NMED first.)

Is dwelling unoccupied (yes or no - For how long?): _____ Number of bedrooms in dwelling: _____

Number of people occupying the dwelling: Currently _____ Anticipated _____

Original septic system (yes or no) _____ Is there a garbage disposal (yes or no) _____

Date of system installation _____ date tank was last pumped _____

Has there ever been a backup in the house? _____ Yes _____ No _____ Don't know _____

List any known repairs made to the system _____

Has another company inspected the system recently? _____

If so, did it fail? _____ Yes _____ No _____

Are there other wastewater sources on this property? _____

Other relevant information _____

New Mexico State Engineer's Well Permit # _____

On site _____ Off site _____ Private _____ Shared _____ Community water system _____

Location of well (address) _____

The above information is true to the best of my knowledge.

*Owner name _____ *Date _____

(Print)

*Signature _____

*** REQUIRED INFORMATION**

EVALUATION INFORMATION (To be completed by System Evaluator): *** REQUIRED INFORMATION**
Note: If system is NOT PERMITTED and was installed after 2/1/02, NMED must perform the inspection

*Evaluating Company _____

*System Evaluator _____

(Print)

*NAWT Registration No. _____ Expiration Date _____ Phone _____

*Signature _____ Date _____

ONSITE WASTEWATER SYSTEM

*System Type: Conventional _____, Alternative (list type): _____

*Holding Tank _____, (a 60-minute leak test must be performed) *Water tight? _____ Yes _____ No

*Holding Tank high water level alarm in place? _____ Yes _____ No, *functioning? _____ Yes _____ No

*Design wastewater flow to system (GPD): _____

*Tank Latitude _____ *Tank Longitude _____

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) _____

*Size, in gallons: _____ *Tank material _____ Tank manufacturer _____ Date _____

SEPTIC TANK EVALUATION PROCEDURE:

Located, accessed, and opened the tank covers. *If at grade, are covers secure? _____ Yes _____ No

*Are there risers with covers at the ground surface? _____ Yes _____ No, (If system was permitted after September 1, 2005 Liquid Waste Regulations, risers to the ground surface with secure covers need to be installed by a properly licensed contractor.) On re-inspection, were risers with secure covers installed? _____ Yes _____ No.

*Structural integrity of tank: _____ Good _____ Fair _____ Poor _____ Unable to determine. **NEVER enter a tank unless proper confined space entry procedures are followed.**

*Effluent filter required: _____ Yes _____ No In place? _____ Yes _____ No Cleaned? _____ Yes _____ No
(Effluent filter required if system permitted after September 1, 2005)

Check water level in tank, sludge and scum level, inlet and outlet tee(s), baffle wall. Comment below.

Pumped out tank, listened and observed for backflow into the tank from the outlet pipe. **Note: Pumping required for unpermitted systems.** Comment below in Checklist Summary.

*Check approximate tank and disposal field setback distances to watersource(s), well(s), waterline(s), etc.

Comments _____

*Does the system contain a dosing or pump tank? If so,

- Yes No Does the pump work?
- Yes No Integrity of tank (cracks, infiltration, etc.)?
- Yes No Is the pump elevated off the bottom of the chamber?
- Yes No Is there a check valve and a purge hole?
- Yes No Is there a high water alarm?
- Yes No Does the alarm work?
- Yes No Do electrical connections appear satisfactory?

Explanation of answers, if necessary: _____

*ALTERNATIVE TREATMENT UNIT:

Manufacturer _____ Model _____ Functioning? _____

Maintenance Contractor _____

Maintenance Contract Expiration date _____ Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports. (Note: New owner of ATU must submit a copy of a maintenance contract in his or her name to NMED, upon transfer of ownership. The Liquid Waste Permit for this system will be transferred to the new owner when this report is submitted to NMED.)

DISPOSAL SYSTEM:

*Trench(es) _____ Bed _____ Seepage pit(s) _____ Gravelless, Specify _____ Dosing _____
Drip _____ ET Bed _____ Other _____ Dbox required _____ Dbox installed _____

Drainfield area square feet _____ Number of trenches _____ Width of trench(es) _____

Length of trench(es) _____ Depth of stone below pipe _____ Depth of trench(es) _____

Does system include a pump? _____ Pump Type _____

Additional information _____

*Graywater System: None? _____ Surface Discharge? _____

Properly installed? _____ Permitted? _____

Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

Probe the drainage area to determine its location and to check for excessive moisture, odor, and/or effluent:

*OK _____ Problems: _____

Is there:

- Any indication of a previous failure? ___ Yes ___ No
- Seepage visible on the lawn? ___ Yes ___ No
- Lush vegetation present? ___ Yes ___ No
- Ponding water in the aggregate? ___ Yes ___ No
- Even distribution of effluent in the fields? ___ Yes ___ No

Determine approximate distance between water well and soil absorption system.

*Approximate distance is _____ feet.

***CHECKLIST SUMMARY:**

- 1) Treatment Tank or ATU is in ___ Acceptable ___ Unacceptable condition.
Comments: _____
- 2) Absorption system is in ___ Acceptable ___ Unacceptable condition.
Comments: _____
- 3) Pump and pump tank is in ___ Acceptable ___ Unacceptable condition.
- 4) Holding Tank is in ___ Acceptable ___ Unacceptable condition.
- 5) Alternative Treatment System is in ___ Acceptable ___ Unacceptable condition.
Comments: _____

Needed repairs or modifications must be completed within 15 days of this inspection. Contact NMED for an appropriate permit for modifications. The replacement of the tank or disposal system is a modification.

IF EXISTING SYSTEM HAS **NO** PERMIT, AN **APPLICATION FOR CERTIFICATE OF REGISTRATION** MUST BE SUBMITTED WITH THIS FORM.

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 effect the proper operation of a septic system,

* _____ disclaims any warranty, either expressed or implied, arising
(Evaluating Company or Individual)

from the inspection and evaluation of the wastewater system or this report.

The NEW MEXICO STATE ENVIRONMENT DEPARTMENT may verify the above information.

Return completed form to the local NEW MEXICO STATE ENVIRONMENT DEPARTMENT Field Office. This form is valid for 180 days after the date given by the System Evaluator.

NMED Review: _____ Accepted _____ Not Accepted _____ Issue Certificate of Registration
_____ Repairs Required _____ Modification Required _____ Repairs/Mods Completed Satisfactorily

Reviewed by: _____ Date _____