

NMED DATE STAMP this page above when it is received

	State of New Mexico Environment Department Environmental Health Bureau PERMITTED ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT		
GENERAL INFORMATION			
To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s)	Lot Size on Permit (to 0.01 acres)	Number of Bedrooms on Permit
CURRENT OWNER INFORMATION	Name	Mailing Address	Phone
PROPERTY INFORMATION	Site Address	Uniform Property Code	Lot Size (to 0.01 Acres)
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
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	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	Name of Company	Phone Number
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 approved by NMED:	License/Certification#	Expiration Date
SEPTAGE PUMPER INFO	Name of Company	Name of Septage Pumper	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO
OTHER INFORMATION			
NOTICE TO OWNER OR AGENT: This report shall <u>not</u> 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. Your signature below attests that the above detailed information is correct and true to the best of your knowledge.			
Owner or Representative Name Printed		Signature	Date

LIQUID WASTE SYSTEM EVALUATION

To be completed by **Third Party Evaluator**

Date of Evaluation: _____

Septic Tank

LOCATION	Latitude (DD.dddd°)	Longitude (DDD.dddd°)	Elevation(Feet)
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank
	Tank Depth (Top of Tank to ground surface) _____ Feet	Covers Secure? YES NO	Year Tank Manufactured
ACCESS RISERS	Access Risers - Inlet & Outlet?(Req'd 2005) YES NO Not Required	Effluent Filter? (Required 2005) YES NO Not Required	Handle on Effluent Filter? (Required 2013) YES NO Not Required
FUNCTIONALITY	How many Gallons were pumped for this evaluation? _____ 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: _____ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm N/A Distance: _____ 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	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
	Alternative/Other	Elevated System with Pressure-Dosing	Wisconsin Mound	ET Bed	Gray Water System	Drip System
		Seepage Pit	Leaching Bed	Elevated System with Lift Station		
		Low-pressure Dosed Vault	Split-Flow Privy	Bottomless Sand Filter	Sand-lined Trench	Soil-Replacement
		Constructed Wetlands	Other:			
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: _____		Other Method? YES NO Describe:	
	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: _____ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm N/A Distance: _____ 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	
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:

Advanced Treatment System []Not Applicable check here if not applicable

Advanced Treatment Systems 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	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

Note any Problems, Concerns or Comments:

Pump Systems []Not Applicable check here if not applicable

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)

On-Site Liquid Waste System Evaluation Summary		Circle One		
FLOOR PLAN ATTACHED <i>(Required)</i>	Has the applicant provided a sketch of the floor plan of all structures which clearly identifies all rooms(including bedrooms & kitchens)?	YES	NO	
ADDRESS	Is the address listed on this permit the same as the current address?	YES	NO	N/A
DESIGN FLOW	Is the Design Flow listed on the permit the same as what currently exists for this property?	YES	NO	N/A
LOT SIZE	Is the Lot Size listed on the permit the same as the current lot size for this property?	YES	NO	N/A
OTHER LW SOURCES	Are other liquid waste systems on this property properly permitted? Were permit numbers provided?	YES	NO	N/A
SEPTIC TANK	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO	N/A
DISPOSAL SYSTEM	Does the disposal system appear to be functioning properly?	YES	NO	N/A
SETBACKS and CLEARANCES	Does the system appear to meet all required setbacks and clearances?	YES	NO	N/A
ADVANCED TREATMENT SYSTEMS	Does the system have a current Maintenance Contract? <i>Attach a Copy</i>	YES	NO	N/A
	Has the system been sampled and monitored in accordance with permit conditions?	YES	NO	N/A
	Is a Monitoring or Sampling Report attached? <i>(Required for All ATS)</i>	YES	NO	N/A
PUBLIC HEALTH and SAFETY	Is it your professional opinion that this system <u>does not</u> currently constitute a public health or safety hazard?	YES	NO	
EVALUATOR RECOMMENDATIONS <i>Circle All that Apply</i>	Septic Tank is Functioning Properly	Septic Tank Needs Replacement		
	Disposal System is Functioning Properly	Disposal System Needs Replacement/Expansion or Repairs		
	ATS is Functioning Properly	ATS Needs Replacement, Maintenance or Repairs		
Clarify Recommendations, Problems, Concerns, Comments etc.:				
Describe any Repairs that are required <u>and</u> any Repairs that were completed:				
The information contained in this report is correct and true to the best of my knowledge.				
_____ Evaluator's Name Printed		_____ Evaluator's Signature		_____ Date
NMED REVIEW: NMED has reviewed the information provided above and has determined the following: <input type="checkbox"/> The Liquid Waste Permit is valid and the liquid waste system appears to be functioning properly; no further action required <input type="checkbox"/> A Modification Permit is required and a complete application must be submitted to NMED within 15 days of this evaluation <input type="checkbox"/> Repairs are Required- Verification that repairs have been completed must be submitted to NMED within 15 days of this report Comments:				
Reviewed by: _____ NMED Staff Name Printed		_____ NMED Staff Signature		_____ Date
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. <i>Return completed form with all required documents to the local Environment Department Field Office</i> This form is valid for 180 days after the date of the signature of the Evaluator.				