



State of New Mexico
ENVIRONMENT DEPARTMENT
Environmental Health Bureau
Liquid Waste Program



**UNPERMITTED ONSITE WASTEWATER SYSTEM
 INSPECTION & EVALUATION FORM**

For Use by NMED and Installer Specialists in Issuing a Certificate of Registration for Unpermitted Systems

If installed before February 1, 2002, the entire top of the septic tank and inlet and outlet connection points must be adequately exposed for inspection.

If installed on, or after, February 1, 2002, the entire system must be adequately exposed for inspection and determined to meet all requirements of 20.7.3 NMAC.

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

Owner _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Site Address _____ City _____ Zip _____

Lot Size _____ Is dwelling unoccupied (yes or no - For how long?): _____

Number of bedrooms in dwelling: _____ Date of system installation _____

Business or other (describe) _____ No dwelling present at time of inspection

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

Describe any known modifications made to the system _____

Date(s) of modifications _____

Describe other wastewater sources on this property: _____

Other relevant information _____

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

Location of well (address) _____

NM State Engineer's Well Permit # _____

Name of Realtor (if applicable) _____ Phone _____

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

Owner name _____ Date _____

(Print)

Signature _____

EVALUATION INFORMATION (To be completed by NMED Inspector or Installer Specialist):

ONSITE WASTEWATER SYSTEM

Installed: Prior to February 1, 2002 _____ (NMED or Installer Specialist)

On or after February 1, 2002 _____ (NMED ONLY)

Note: If the system was installed on, or after, February 1, 2002, the system must be adequately exposed by the owner, inspected by NMED and determined to meet all requirements of 20.7.3 NMAC. If installed before February 1, 2002, it is the owner's responsibility to provide documentation that verifies the installation date.

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

____ Holding tank Design wastewater flow (GPD): _____

Tank or ATS location: Latitude _____ Longitude _____ Elevation _____

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) _____ feet; Tank size, in gallons: _____

Tank material _____ Tank manufacturer(if known) _____ Date _____

SEPTIC TANK EVALUATION PROCEDURE:

Are there risers with covers at the ground surface? ____ Yes ____ No; If at grade, are covers secure? ____ Yes ____ No

(If system was constructed on or after September 1, 2005, Liquid Waste Regulations require risers to the ground surface with secure covers to be installed by a properly licensed contractor.)

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

Effluent filter installed: ____ Yes ____ No (Filter required if system installed on or after September 1, 2005)

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

Comments: _____

Check approximate tank and disposal field setback distances to watercourse(s), well(s), waterline(s), structure(s), etc., note any deviation from current setback requirements.

Comments

ADVANCED TREATMENT SYSTEM:

Manufacturer _____ Model _____ Functioning? ____ Yes ____ No

Maintenance Provider _____

Maintenance Contract Expiration date _____ Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports and copy of Maintenance Contract.

DISPOSAL SYSTEM:

Trench(es) _____ Bed _____ Seepage pit(s) _____ Gravelless, Specify _____ Dosing _____

Drip _____ ET Bed _____ Split flow _____ Other _____ Dbox required _____ Dbox installed _____

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

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

Does disposal system meet requirements of current Liquid Waste Regulations? _____ Yes _____ No _____ N/A

Does system include a pump? _____ Pump Type _____ Does pump function? _____

Additional information _____

Graywater System: _____ No _____ Yes _____ Subsurface Discharge (describe) _____

Properly installed? _____ Permitted? _____

Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

_____ OK _____ NO; Problems: _____

Is there:

Any indication of a previous failure? _____ Yes _____ No _____ Unknown

Seepage visible on the lawn? _____ Yes _____ No _____ Unknown

Lush vegetation present? _____ Yes _____ No _____ Unknown

Ponding water in the aggregate? _____ Yes _____ No _____ Unknown

Even distribution of effluent in the fields? _____ Yes _____ No _____ Unknown

Any indication of runback from field? _____ Yes _____ No _____ Unknown

CHECKLIST SUMMARY:

1) Treatment Tank or ATS is in _____ Acceptable condition _____ Unacceptable condition.

Comments: _____

2) Absorption system is in _____ Acceptable condition _____ Unacceptable condition.

Comments: _____

3) Pump and pump tank is in _____ Acceptable condition _____ Unacceptable condition.

Comments: _____

Check one

Overall liquid waste system is: ____ acceptable ____ needs partial replacement ____ needs total replacement

20.7.3 NMAC sections violated _____

Portion(s) of system requiring replacement _____

If the liquid waste system is found to be in satisfactory condition, or needs only repairs, and meets the Liquid Waste Disposal Regulations in effect at the time of installation or latest modification, and the appropriate fee and penalty, if applicable, are paid, a Certificate of Registration for continued operation may be issued by NMED. If partial or total replacement or modification is needed, a Modification Permit may be issued by NMED if the appropriate fee and penalty, if applicable, are paid.

NMED Inspector or Installer Specialist Name _____

(Print)

Field Office _____

Signature _____ Date _____

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 future operation of the septic system, NMED disclaims any warranty of continued operation, either expressed or implied, arising from the evaluation of the wastewater system in this report.