

Septic Tank

LOCATION	Latitude (DD.ddddd°)	Longitude (DDD.ddddd°)	Elevation (Feet)	
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: _____	Material Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank	
Tank Dimensions: (ext lth x wth x lq dth, inches) _____ x _____ x _____	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) _____ feet	Year Tank Manufactured (as marked on tank)	
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) YES NO Not Required	Effluent Filter? (Required 2005) YES NO Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) YES NO Not Required	
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) 0 1 2	Riser Internal Diameter: (inches) (3' cover 24", over 3' 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? _____ 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 <u>ALL</u> 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	Annual Operating Permit Approved? YES NO N/A _____	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 <u>ALL</u> that apply</i>	Conventional	Trench Seepage Pit	Pipe and Gravel Leaching Bed	Chambers Elevated System with Lift Station	Synthetic Aggregate	Other
	Alternative/Other	Elevated System with Pressure-Dosing Low-pressure Dosed Vault	Wisconsin Mound Split-Flow Constructed Wetlands	ET Bed Bottomless Sand Filter	Gray Water System Sand-lined Trench	Drip System Soil-Replacement
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A _____					
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: _____		Method used to measure gallons? Bucket 5 gal, minutes: Water meter: Approximate:	
	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	

LIQUID WASTE SYSTEM EVALUATION		Liquid Waste Permit Number:
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: _____		

<input type="checkbox"/> Not Applicable <small>check here if not applicable</small> Advanced Treatment System			
<i>ATs can only be evaluated by a Qualified Maintenance Service Provider.</i> 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
			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
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: _____			

<input type="checkbox"/> Not Applicable <small>check here if not applicable</small> 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)

<h1 style="margin:0;">Property Transfer Evaluation Summary</h1> <h2 style="margin:0;">For Permitted Onsite Liquid Waste Systems</h2>	Liquid Waste Permit Number:
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Note: Unlicensed evaluators, septage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system

<h3 style="margin:0;">Evaluation Criteria</h3> <p style="margin:0; font-size: small;">(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)</p>	Circle One <small>You must circle one for each item or this form will be considered incomplete</small>
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1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES¹	NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO²
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO²
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	NO³
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	NO³
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?	YES³	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	NO² N/A

Evaluator Recommendations <i>Circle All that Apply</i>	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
Comments <i>(describe any problems with the system and any repairs made):</i>	

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	Evaluator's Signature	Date
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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

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| 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:	Invoice #	Date Paid:	Payment Received By
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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
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