

NMED DATE STAMP ALL 4 PAGES UPON SUBMITTAL

	State of New Mexico Environment Department Environmental Health Bureau PROPERTY TRANSFER EVALUATION REPORT For PERMITTED ONSITE LIQUID WASTE SYSTEMS	
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GENERAL INFORMATION To be completed by Owner or Owner's Representative
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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	
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NOTICE TO OWNER OR AGENT: 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 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 Authorized 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 <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	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 Pipe and Gravel Chambers Synthetic Aggregate Other Seepage Pit Leaching Bed Elevated System with Lift Station	
	Alternative/Other	Elevated System with Pressure-Dosing Wisconsin Mound ET Bed Gray Water System Drip System Low-pressure Dosed Split-Flow Bottomless Sand Filter Sand-lined Trench Soil-Replacement Vault Privy 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 <small>check here if not applicable</small>			
<i>ATSs 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	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 <small>check here if not applicable</small>			
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)

Property Transfer Evaluation Summary For Permitted Onsite Liquid Waste Systems

Evaluation Criteria <small>(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)</small>			Circle One <small>You must circle one for each item or this form will be considered incomplete</small>	
1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES*	NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO**
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO**
4	Setbacks and Clearances	Does the system appear to meet all setbacks and clearances?	YES	NO**
5	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	NO**
6	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***	NO
7	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	NO** 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>
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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
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 (*, ** or *), 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**

*	Immediate action is required by property owner to remedy hazard
**	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.
***	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.

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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