

	State of New Mexico Environment Department Environmental Health Bureau <h2 style="margin: 0;">UNPERMITTED</h2> <h3 style="margin: 0;">ONSITE LIQUID WASTE SYSTEM EVALUATION</h3> <h3 style="margin: 0;">REPORT</h3>	
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GENERAL INFORMATION
To be completed by **Owner** or **Owner's Representative**

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
	Date of Record	Which is this? (<i>circle one</i>) Subdivision Date OR Plat Date from most recent change in lot size or boundaries	
INITIAL INSTALLATION DATE OF SYSTEM	You must Check One of the Following or This Application will be "INCOMPLETE" →	When was your system initially installed? (<i>you must check one</i>) <input type="checkbox"/> Before 02/01/02 <input type="checkbox"/> On or After 02/01/02	
	Do you know the Initial Date of Installation For this System? YES NO	If YES, Check which type of verification you will provide: <input type="checkbox"/> Receipt from Installer <input type="checkbox"/> Gov't Property Records <input type="checkbox"/> Property Tax Improvement records <input type="checkbox"/> Aerial Photography/GPS <input type="checkbox"/> Other	
LOT SIZE & DESIGN FLOW LOADING	Is your lot size is less than 0.75 acres or your design flow loading >500 gpd/acre? (<i>circle one</i>) YES NO	If "Yes" you must submit Verification of Date of Initial Installation when you submit your application for registration or permit. If you do not submit this information your application will be considered "INCOMPLETE" and may be denied	
BEDROOMS or DESIGN FLOW	Current Number of Bedrooms in Main Residence: 1 2 3 4 5 6 Other: N/A	How many bedrooms were present when the <u>initial system</u> was installed? 1 2 3 4 5 6 Other:	Any Commercial/Non-Residential Uses? YES NO If Yes, Describe
	WATER SOURCE	Water Source (Circle One) Private Well Public Water Shared Well	Well on your property? YES NO
NOTE: If well water is your drinking water source AND your lot size does not meet the minimum lot size requirements at the time of initial installation you will need to have your well tested for nitrate and submit the results as part of your application			
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO	If YES, What Permit Numbers?	Describe Other Sources:
MODIFICATIONS TO SYSTEM	Have modifications or repairs been made to this system since the initial installation? YES NO	If modifications or repairs were made, describe them:	What date were these modifications or repairs made? DATE: _____

***For an ATS Evaluation, please have MSP complete Appendix A (attached on page 4)**

UNPERMITTED LIQUID WASTE SYSTEM EVALUATION

To be completed by **Installer Specialist** or **NMED Inspector**

Date of Evaluation:

Unpermitted 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 Depth (Top of Tank to ground surface) _____ Feet	Covers Secure? YES NO Risers? YES NO	Year Tank Manufactured
FUNCTIONALITY	How many Gallons were pumped for this evaluation?	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	Outlet Tee/Baffle (Circle One) OK NOT OK	Baffle Wall (Circle One) OK NOT OK
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft.) Met Not Met Unable to Verify None Distance: _____ Feet	Setbacks to Neighbor's Well (50 ft.) Met Not Met Unable to Verify None Distance: _____ Feet	Setbacks to Public Water Well (100 ft.) Met Not Met Unable to Verify None Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Verify None	To Property Lines, Structures, Waterlines Met Not Met Unable to Verify None	Setbacks to Disposal System Met Not Met Unable to Verify None
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:

Unpermitted Disposal System

TYPE OF DISPOSAL SYSTEM <i>Circle ALL that apply</i>	Conventional	Trench Seepage Pit	Pipe and Gravel Leaching Bed	Chambers Elevated System with Lift Station	Synthetic Aggregate	Other UNABLE TO VERIFY
	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:	UNABLE TO VERIFY	
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			
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft.) Met Not Met Unable to Verify None Distance: _____ Feet	Setbacks to Neighbor's Well (100 ft.) Met Not Met Unable to Verify None Distance: _____ Feet	Setbacks to Public Water Well (200 ft.) Met Not Met Unable to Verify None Distance: _____ Feet			
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Verify None	To Property Lines, Structures, Waterlines Met Not Met Unable to Verify None	Setbacks to Septic Tank Met Not Met Unable to Verify			
CLEARANCE	Does System appear to meet the minimum clearance requirements to limiting layers? (groundwater, bedrock, clay, etc.) Met Not Met Unable to Verify					
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? YES NO					

Note any Problems, Concerns or Comments:

Unpermitted Pump Systems Not Applicable check here if not applicable

FUNCTIONALITY	Is pump operating properly?	Does tank appear to be watertight?	High Level Alarm Works?
	YES NO	YES NO	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. **For systems which were installed on or after 02/01/02 you must also include the soil type & disposal field material, sizing & spacing on this sketch**)

UNPERMITTED On-Site Liquid Waste System Evaluation Summary		<u>Circle One</u>		
SEPTIC TANK	Is the septic tank watertight and functioning properly?	YES	NO	N/A
	Is the capacity of the tank within one tank size of the capacity required in Subsection Q of 20.7.3.201?	YES	NO	Unable To Verify
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 setback and clearance requirements based upon a non-intrusive inspection (for Pre-02/01/02 systems) or a Full inspection (for Post-02/01/02 systems)	YES	NO	Unable to Verify
LOT SIZE REQUIREMENTS	Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation?	YES	NO	
PUBLIC HEALTH and SAFETY	Does this system constitute a public health or safety hazard? Includes surfacing sewage, degradation of a water body or drinking water well, presence of an open cesspool or septic tank or exposure of seepage in a manner that allows transmission of disease	YES	NO	
FOR SYSTEMS INSTALLED ON or AFTER 02/01/02	After adequate exposure and full inspection of the tank and disposal field does the system meet all of the regulatory requirements at the time of installation?	YES	NO	N/A
Comments/Recommendations:				
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
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>Installer Specialists must include a photo clearly showing that the entire top of the septic tank and the inlet and outlet pipes within two feet of the tank were fully exposed for this evaluation; and must also include photos of any portion of system that is not in compliance with Section 401J as noted above.</i> Return completed form with all required documents to the local Environment Department Field Office This form is valid for 180 days after the date of the signature of the Evaluator.				

INSTALLER SPECIALIST INFORMATION

To be completed by **Installer Specialist, Owner or Owner's Representative**

WHO WILL BE EVALUATING THIS SYTEM?	NOTE: For systems installed <u>prior to 2/1/02</u> the system must be evaluated by a certified Installer Specialist or an NMED Inspector. For systems installed <u>on or after 2/1/02</u> , the system must be evaluated by an NMED Inspector. If applicant does not know when the system was installed, NMED shall conduct the inspection.		(Circle One) Installer Specialist NMED Inspector
INSTALLER SPECIALIST INFORMATION	Name of Installer Specialist Evaluating LW System	Name of Company	Phone Number
INSTALLER SPECIALIST	Are you currently certified by NMED as an Installer Specialist? YES NO (If NO, you cannot conduct evaluation)	Date of Certification	Expiration Date
SEPTAGE PUMPER INFO	Name of Company	Name Septage Pumper	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO
OTHER INFORMATION			
<p>NOTICE TO OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE: 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.</p>			
Owner or Representative Name Printed		Signature	Date

Appendix A

(to be completed for unpermitted advanced treatment systems)

Unpermitted Advanced Treatment System

To be completed by a **qualified maintenance service provider**

Unpermitted Advanced Treatment System			
Advanced Treatment Systems can only be evaluated by a Qualified Maintenance Service Provider.			
Are you a Qualified MSP? YES NO			
MSP INFORMATION	Name of Maintenance Service Provider Evaluating LW System	Name of Company	Phone Number
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	Who has been maintaining this system? Name: _____
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO	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:			