



State of New Mexico Environment Department
Environmental Health Bureau



UNPERMITTED

ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT

GENERAL INFORMATION *(To be completed by Owner or Owner's Representative)*

CURRENT OWNER INFORMATION	Name			e-mail		Street Address		
	Phone			Cell phone		City, State, Zip		
PROPERTY INFORMATION	Uniform Property Code			Lot Size <i>(to 0.01 Acres)</i>		Site Address:		
	Township	Range	Section	Subdivision		Lot(s)	Tract(s)	Block/Unit
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 circle one)</i>		
	Date of system initial installation:					Attached verification of this date:		Verification document type description:
LOT SIZE & DESIGN FLOW LOADING	Lot size less than 0.75 acres or design flow loading greater than 500 gpd/acre? <i>(circle one)</i>					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.		
	YES NO							
BEDROOMS or DESIGN FLOW	Current Number of Bedrooms in Residence:					How many bedrooms were present when the initial system was installed?		Commercial/Non-Residential Uses? <i>If Yes, Describe</i>
	1	2	3	4	5	6	Other:	N/A
WATER SOURCE	Water Source (Circle One)					Well on property?		Well Permit #:
	Private Well Public Water Shared Well					YES NO		
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property?					If YES, What Permit Numbers?		Describe Other Sources <i>(type and design flow)</i> :
	YES NO							
MODIFICATIONS TO SYSTEM	Have modifications or repairs been made since the initial installation?					Date of modification:		Describe modifications:
	YES NO							

NOTICE TO OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE: 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.

Representative Name Title:		Representative e-mail:		Representative Phone:	
Owner or Representative Name Printed		Signature			Date

INSTALLER SPECIALIST INFORMATION

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

WHO WILL BE EVALUATING THIS SYTEM?	NOTE: For systems installed prior to 2/1/02 the system must be evaluated by an Installer Specialist or an NMED Inspector. For systems installed on or after 2/1/02, the system must be evaluated by an NMED Inspector. If applicant does not know when the system was installed, NMED shall conduct the inspection and assign an installation date corresponding the effective date of the most current regulation.					(Circle One) Installer Specialist NMED Inspector	
	Name of Installer Specialist Evaluating LW System					Name of Licensed Company	
INSTALLER SPECIALIST INFORMATION	Are you currently certified by NMED as an Installer Specialist?					Date of Certification	Expiration Date
	YES NO <i>(If NO, you cannot conduct evaluation)</i>						

SEPTAGE PUMPER NFORMATION

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

SEPTAGE PUMPER INFO	Name of Company		Name Septage Pumper		Qualified Septage Pumper
					YES NO

UNPERMITTED LIQUID WASTE SYSTEM EVALUATION										Date of Evaluation:		
To be completed by <i>Installer Specialist</i> or <i>NMED Inspector</i>												
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				Manufacturer of Tank		
		Tank Depth (Top of Tank to ground surface)				Covers Secure? if NO (describe) YES NO				Year Tank Manufactured		
FUNCTIONALITY		Gallons pumped from tank:				Tank Water Level <u>at Outlet</u> (Circle One) Above Invert At Invert Below Invert				Tank Level? (Circle One) YES NO		
		Inlet Tee or Baffle (Circle One) OK NOT OK				Outlet Tee or 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 N/A				Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Verify N/A				Setbacks to Public Water Well (100 ft) Met Not Met Unable to Verify N/A		
		Distance: (feet)				Distance: (feet)				Distance: (feet)		
		Setbacks: (State Waters, Arroyos, Ditches) Met Not Met Unable to Verify N/A				To Property Lines, Structures, Waterlines Met Not Met Unable to Verify N/A				Setbacks to Disposal System Met Not Met Unable to Verify 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		
Comments, Note any Problems, or Concerns:												
Unpermitted Disposal System												
TYPE OF DISPOSAL SYSTEM <i>Circle ALL that apply</i>		Conventional	Trench Seepage Pit		Pipe and Gravel Absorption Bed		Chambers Elevated System with Lift Station		Synthetic Aggregate UNABLE TO VERIFY		Other	
		Alternative/ Other	Elevated System with Pressure-Dosing Low-pressure Dosed Vault		Wisconsin Mound Split-Flow Bottomless Sand Filter		ET Bed Sand-lined Trench		Gray Water System Soil-Replacement		Drip System 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 N/A Distance: _____ Feet			Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Verify N/A Distance: _____ Feet				Setbacks to Public Water Well (200 ft) Met Not Met Unable to Verify N/A Distance: _____ Feet			
		Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Verify N/A			To Property Lines, Structures, Waterlines Met Not Met Unable to Verify N/A				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		
Comments, Note any Problems, or Concerns:												
Unpermitted Pump Systems []Not Applicable <small>check here if not applicable</small>												
FUNCTIONALITY		Is pump operating properly? YES NO				Does tank appear to be watertight? YES NO				High Level Alarm Works? YES NO		
Comments, Note any Problems, or Concerns:												

UNPERMITTED LIQUID WASTE SYSTEM EVALUATION

Date of Evaluation:

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

Draw a Simple Sketch of the System (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			Circle One		
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 septage 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	
<p>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. 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.</i></p>					
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	Name of person maintaining this system?		
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:					