

New Mexico Environment Department  
Environmental Health Bureau  
Liquid Waste Program

**Property Transfer Evaluation Report**  
for Permitted Onsite Liquid Waste Systems

GENERAL INFORMATION			Liquid Waste Permit Number:
To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>SE900746</u>	Lot Size on Permit (to 0.01 acres) <u>1.3</u>	Number of Bedrooms on Permit <u>3</u>
CURRENT OWNER INFORMATION	Name <u>Cole Wilson, Alyssa Cervantes</u>	Mailing Address _____	Phone _____
PROPERTY INFORMATION	Site Address <u>3 Raudo Rd</u>	Uniform Property Code (13 digits, #-###-###-###-###) <u>1-056-089-325-267</u>	Lot Size (to 0.01 Acres) <u>1.30 Acres</u>
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 <u>(2)</u> 3 4 5 6 Other: _____	Other structure on property being used as a residence? YES <u>(NO)</u>	Describe Current Number of Bedrooms in Other Residential Structures: _____
WATER SOURCE	Water Source (Circle One) Private Well <u>(Public Water)</u> Shared Well No. Connections _____	Well on your property? YES <u>(NO)</u>	Well Permit Number _____
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <u>(NO)</u>	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 <u>Gilbert A. Chavez</u>	Name of Company <u>CHavez Septic</u>	Phone Number <u>4660905</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 MS-03 MS-01 PE NSF NEHA REHS/RS <u>(OTHER)</u> (Approved by NMED) For "OTHER" state date approved by NMED: <u>NAWT</u>	License/Certification# <u>7263 ITC</u>	Expiration Date <u>2023</u>
SEPTAGE PUMPER INFO	Name of Company <u>CHavez Septic</u>	Name of Septage Pumper <u>Gilbert A. Chavez</u>	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <u>(YES)</u> NO

OTHER INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE TO OWNER OR AGENT:**

1. 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.

2. A fee of \$50.00 will be charged by the department upon filing this report to be included in the official record.

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 <u>Cole P. Wilson</u> <u>Alyssa C. Cervantes</u>	Signature <u>Cole P. Wilson</u> <u>Alyssa C. Cervantes</u>	Date <u>08/25/23</u>
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# LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

5F900746

## 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 MORFANO
Tank Dimensions: (ext lth x wth x lg dth, inches) 5 x 5 x 8	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 12' 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? 1000 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	Outlet Tee/Baffle (Circle One) OK NOT OK	Baffle Wall (Circle One) OK NOT OK
VISIBLE DESCRIPTORS (Circle All that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed		
	Notes: All Good At time of inspection.		
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: 206 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 Circle ALL that apply	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 Low-pressure Dosed Vault Privy Constructed Wetlands Other:	Wisconsin Mound Split-Flow Bottomless Sand Filter Sand-lined Trench Soil-Replacement FT Red Gray Water System Drip System
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: 100
	Any Indication of Previous Failure? YES NO	Seepage Visible on Lawn? 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
		Method used to measure gallons? Bucket 5 gal, minutes: 20 min Water meter: Approximate:
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: 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 Public Water Well (200 ft) Met Not Met Unable to Confirm N/A Distance: 200 Feet
		Setbacks to Septic Tank Met Not Met Unable to Confirm

# LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

SP 900 746

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:

water test good.

[ ] Not Applicable check here if not applicable

## Advanced Treatment System

ATSS 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

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

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:

[ ] Not Applicable check here if not applicable

## 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?

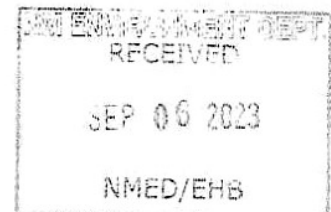
YES NO

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)



# Property Transfer Evaluation Summary

Liquid Waste Permit Number:

For Permitted Onsite Liquid Waste Systems

51900746

**Note: Unlicensed evaluators, septic pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system**

## Evaluation Criteria

(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)

### Circle One

You must circle one for each item or this form will be considered incomplete

1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES <sup>1</sup>	NO
2	Septic Tank/ Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO <sup>2</sup>
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO <sup>2</sup>
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO <sup>2</sup>
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	NO <sup>3</sup>
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	NO <sup>3</sup>
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?	YES <sup>3</sup>	NO
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? (Required for All ATSS)	YES	NO <sup>2</sup> N/A
Evaluator Recommendations Circle All that Apply		Liquid waste system appears to be functioning properly Septic Tank Needs Replacement Disposal System Needs Replacement/Expansion or Repairs ATS Needs Replacement, Maintenance /Repairs Comments (describe any problems with the system and any repairs made):		

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.

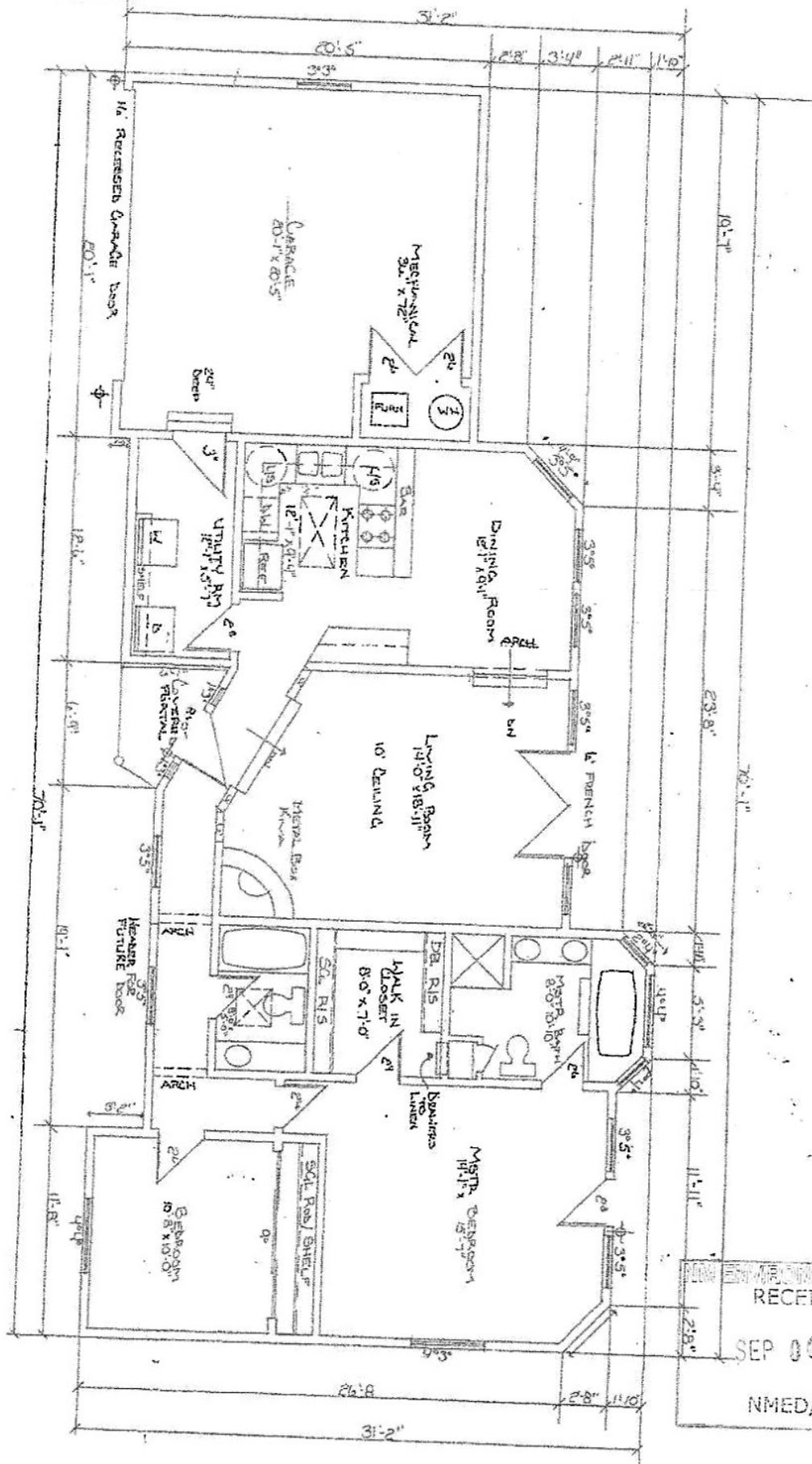
Evaluator's Name Printed Gilbert A. Chaver	Evaluator's Signature Gilbert A. Chaver	Date 9-1-23
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The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system 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

- 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.

NMED ONLY LIQUID WASTE FEE (\$50)	Fee Paid:	Invoice #	Date Paid:	Payment Received By
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 RECEIVED SEP 06 2023 NMED/ENB	



HEATED 1274.00  
GARAGE 412.00

ENVIRONMENTAL DEPT.  
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Construction  
Industries Division  
STATE OF NEW MEXICO  
Environmental  
Improvement Division

DEC 20 1990

PERMIT  
TO INSTALL OR MODIFY  
AN INDIVIDUAL LIQUID WASTE SYSTEM

EID Permit Number  
SF900746  
CID Permit Number  
02588734

DIRECTIONS: All sections must be filled out completely. You must obtain EID and CID/MHD approval prior to installing a system.

SYSTEM OWNER'S NAME - Last, First and Middle <u>MACNIFFEE, KEITH R</u>		HOME PHONE <u>982-5560</u>	BUSINESS PHONE <u>982-5560</u>
MAILING ADDRESS - Street/P.O. Box, City, State and Zip Code <u>1301 ST FRANCES DR SANTA FE, NM 87501</u>			
LOCATION OF SYSTEM - Street address, and directions to site (attach map if needed) <u>2 RAUDO PLACE</u>			COUNTY <u>SANTA FE</u>
SUBDIVISION, block and lot <u>ELDORADO UNIT 3 N/K 34 LOTS</u>		TOWNSHIP-RANGE-SECTION	
INSTALLER'S NAME AND FIRM <u>LINDER GROUND SERVICES</u>			PHONE <u>982-2624</u>
MAILING ADDRESS-Street/P.O. Box, City, State and Zip Code <u>1125 GOLDMINE AD CERRILLOS, NM</u>			
C.I.D. License Number and Certification <u>029075</u>	MM-1 <input type="checkbox"/>	MM-98 <input type="checkbox"/>	MS-1 <input type="checkbox"/>
			MS-3 <input checked="" type="checkbox"/>
			Homeowner <input type="checkbox"/>

## I. PERMIT APPLICATION

- A. Application for: ☒ new system ☐ modification/replacement mobile home: ☐ yes ☐ no
- B. System is: ☒ conventional ☐ alternative ☐ holding tank (vault) ☐ other \_\_\_\_\_
- C. Includes: ☐ verification of plat date ☐ variance application ☐ plans with engineer seal ☐ other \_\_\_\_\_

## II. WASTEWATER SOURCES AND DESIGN FLOWS IN GALLONS PER DAY (GPD)

## A. Proposed liquid waste system use and design flow:

- ☒ single family: number of bedrooms 375 GPD 375
- ☐ multiple family: number of units \_\_\_\_\_ number bedrooms per unit \_\_\_\_\_
- ☐ other (type \_\_\_\_\_) flow sizing units \_\_\_\_\_

## B. Are there existing liquid waste sources on property and flows:

- ☐ single family: number of bedrooms \_\_\_\_\_ GPD \_\_\_\_\_
- ☐ multiple family: number of units \_\_\_\_\_ number bedrooms per unit \_\_\_\_\_
- ☐ other (type \_\_\_\_\_) flow sizing units \_\_\_\_\_

## C. Are there any other wastewater sources, not listed in A or B, on property:

= GPD \_\_\_\_\_

## D. Total Design Flow on Property (Total A + B + C = )

GPD 375

## III. SITE INFORMATION

- A. Lot size 1.3 acres or \_\_\_\_\_ square feet. Date of record (plat date) \_\_\_\_\_  
(nearest .01 acres)

- B. Is there room for a replacement system or additional leaching area? Number of square feet 400

## C. Check all of the following which appear on the property:

- ☐ surface water ☐ rock outcrops ☐ irrigation ☐ over 15% slope ☐ caliche ☐ wells

## D. Depth from the ground surface to:

Top of Seasonal High Water Table 120'

Bedrock, Caliche, or Tight Clay \_\_\_\_\_

Gravel, Cobbles, or Highly Permeable Soils 120'

## E. Soil type: (see instructions under III Site Information on back of page)

- ☒ coarse sand or gravel ☐ fine sand ☒ sandy loam or sandy clay ☐ clay with considerable sand or gravel ☐ clay with small amount of sand or gravel ☐ other: give percolation rate \_\_\_\_\_ (min./in.)

F. Water source for the lot?

☐ Off-site or ☐ On-site

☒ Public or ☐ Private ☐ Shared ☐ Other

SF900746

IV. SYSTEM DESIGN

A. Treatment unit:

☒ septic tank

☐ other - specify \_\_\_\_\_

Size 1'000  
(capacity in gallons)

Manufacturer MONTANOS

B. Leaching area:

☒ trench

☐ bed

☐ seepage pit

☐ other (specify) \_\_\_\_\_

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Trench or bed dimensions: 400 = width 3 x [length 70 (ft.) + 70 (ft.) + \_\_\_\_\_ (ft.)]  
(square feet)

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Other (seepage pit, etc.) dimensions: \_\_\_\_\_ = \_\_\_\_\_

(square feet)

(measurements)

EID SANTA FE, N.M.

c. Depth of gravel below drain pipe 12"  
in. or ft.

Distance from ground surface to bottom of leaching area 48"  
in. or ft.

D. Site Plan. (draw on third page of application or attach 8-1/2 by 11 sheet of paper) Diagram the liquid waste system (bird's eye view). Show setback distances to any objects in Table 3 (back of form). Include the following landmarks within 200 feet of the systems.

- proposed and/or existing buildings, driveways, water lines and wells;
- direction of groundwater movement, any surface water, irrigated areas, arroyos, rock outcrops or steeply sloping areas;
- property lines and dimensions of the parcel where the system is to be located.
- location of other liquid waste systems on the property.

V. APPLICATION. The foregoing information is correct and true to the best of my knowledge. I understand that the issuing of the permit does not relieve me from the responsibility of complying with all applicable provisions of the New Mexico Uniform Plumbing Code and the New Mexico Liquid Waste Disposal Regulations. Obtaining this permit does not relieve me from the responsibility of obtaining any permit required by state, city or county regulations or ordinances or other requirements of state or federal law.

☒ OWNER

☒ CONTRACTOR

Signature

Date

12-19-90

VI. EID PERMIT. A permit for construction of the liquid waste disposal system described herein is hereby:

☒ granted

☐ granted subject to conditions (cite regulations)

☐ denied (cite regulations)

EID Signature

Date

V. Gennaro / Vladimir Gershonov 12-20-90 EID

☐ Reasons for Denial or ☐ Conditions. Failure to meet the conditions of this section invalidates the permit, and is subject to enforcement.

\* Call for an installation inspection by EID prior to system cover-up if this box is checked ☐. Phone No. \_\_\_\_\_

Type of inspection done: ☐ pre-permit ☐ during installation/after installation

VII. CID PERMIT. There is a fee for a CID permit. A permit for construction of the liquid waste disposal system described herein is hereby:

☐ granted

☐ granted subject to conditions

☐ denied

CID/MHD Signature

Date

Conditions. Failure to meet the conditions of this section invalidates the permit, and is subject to enforcement

INSPECTION. The private sewage disposal system described herein ☐ meets ☐ does not meet the design and construction requirement of the Construction Industries Commission's New Mexico Uniform Plumbing Code.

CID/MHD Signature

Title

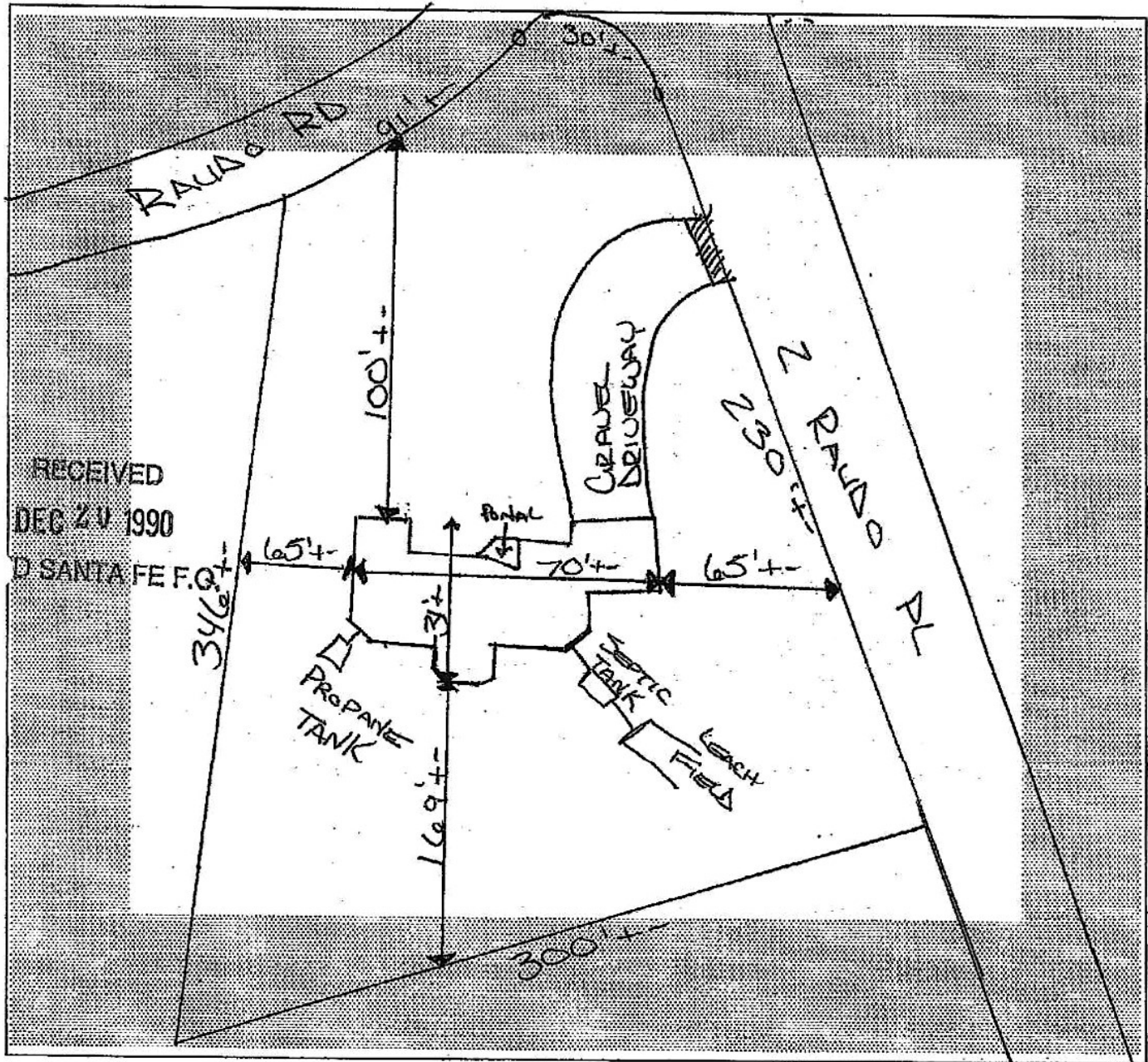
Date

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**Site Plan.** (use this sheet or attached 8-1/2 by 11 sheet to application). Diagram the liquid waste system (bird's eye view). Show setback distances to any objects in Table 3 (back of form). Include the following landmarks within 200 feet of the systems.

- proposed and/or existing buildings, driveways, water lines and wells;
- direction of groundwater movement, any surface water, irrigated areas, arroyos, rock outcrops or steeply sloping areas;
- property lines and dimensions of the parcel where the system is to be located.
- location of other liquid waste systems on the property.

(Draw the system within the clear area and use the grey area to show features off the site)



This is: a proposed plan ☒ as built plan ☐.

Note: Any changes made in design, after EID has issued a permit, must be approved by EID prior to installation.

Date and initial: INSTALLER \_\_\_\_\_ DATE \_\_\_\_\_ EID \_\_\_\_\_ DATE \_\_\_\_\_

Comments: \_\_\_\_\_



STATE OF NEW MEXICO  
Environmental  
Improvement Division

# PERCOLATION TEST RECORD FOR INDIVIDUAL LOTS

SF900746

CID#  
02588234

OWNER'S NAME - Last, First and Middle MacDuffee, Keith R.	HOME PHONE 982-5560	BUSINESS PHONE 982-5560
MAILING ADDRESS - Street/P.O Box, City, State and Zip Code Rt. 7 Box 124-Solar Santa Fe NM 87505		
LOCATION OF PROPERTY 2 Raudo		

## Test Hole Number 1

## Test Hole Number 2

Time	Depth of hole Distance to Top of Water	Actual Water Level Drop
405	39	—
415	41 1/4	2 1/4
425	42 3/4	1 1/2
435	39	1 1/2
445	42	1 1/2
455	43 1/4	1 1/4
505	39	1 1/2
505	40 1/2	1 1/2

Time	Depth of hole Distance to Top of Water	Actual Water Level Drop
410	37	—
420	39	2
430	41	2
440	37	2 1/2
450	41 1/2	2
5:00	39	2 1/4
5:10	41 1/4	2 1/4

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Percolation Rate

EID SANTA FE F.O.

Percolation rate = Time interval used, in minutes ÷ Last water level drop, in inches

Test Hole Number 1:  $\frac{10 \text{ minutes}}{1.5 \text{ inches}} = 6.66 \text{ min/in}$

Test Hole Number 2:  $\frac{10 \text{ minutes}}{2.25 \text{ inches}} = 4.44 \text{ min/in}$  Average 5.5 min/in

Test completed by:

Date: 12-14-90

☐

Owner

☒

Contractor

☐

Other-specify

Report reviewed by:

Date:

Title: