



State of New Mexico
ENVIRONMENT DEPARTMENT
Environmental Health Bureau
Liquid Waste Program



ONSITE WASTEWATER SYSTEM EVALUATION FORM
 For Use Prior to, or Upon, Transfer of Ownership of a Permitted System

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

*Owner _____ Phone _____

*Mailing Address _____ City _____ State _____ Zip _____

*Site Address _____ Lot Size _____

Property location: Township _____ Range _____ Section/Qtr _____

Subdivision _____ Unit No. _____ Block No. _____ Lot No. _____

Uniform Property Code _____

*Liquid Waste Permit No. _____ Date of Permit _____ Permit for ___ Bedrooms

(If no liquid waste permit exists contact NMED)

Is dwelling unoccupied (yes or no - For how long?): _____ Number of bedrooms currently in dwelling: _____

Number of people occupying the dwelling: Currently _____ Anticipated _____

Original septic system? ___ Yes ___ No Is there a garbage disposal? ___ Yes ___ No

Date of system installation _____ date tank was last pumped _____

Has there ever been a backup in the house? ___ Yes ___ No ___ Don't know

List any known repairs made to the system _____

Has another company inspected the system recently? _____

If so, did it fail? _____ Yes _____ No

Are there other wastewater sources on this property? ___ Yes ___ No Describe: _____

Other relevant information _____

DRINKING WATER SOURCE:

County Well Permit No. _____ New Mexico State Engineer's Well Permit No. _____

On site _____ Off site _____ Private _____ Shared _____ Community water system name _____

Location of well (address) _____

Name of Realtor (if applicable) _____ Phone _____

The above information is true to the best of my knowledge.

*Owner name (Print) _____ *Date _____

*Signature _____

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 effect the proper operation of a septic system,

* _____ **disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.**
 (Evaluating Company or Individual)

EVALUATION INFORMATION (To be completed by System Evaluator): *** REQUIRED INFORMATION**

*Evaluating Company _____

*System Evaluator _____

(Print)

*CID License Type (circle one) MM98 MM01 MS03 MS01 License No. _____

*NAWT Registration No. _____ Expiration Date _____ Phone _____

*Signature _____ Date _____

ONSITE WASTEWATER SYSTEM

*System Type: Conventional ____ Alternative ____ (type): _____

*Holding Tank _____, (a 60-minute leak test must be performed) *Water tight? ____ Yes ____ No

*Holding Tank high water level alarm in place? ____ Yes ____ No, *functioning? ____ Yes ____ No

*Design wastewater flow to system (GPD): _____

*Tank Latitude _____ *Tank Longitude _____ *Tank Elevation _____

(Lat/Long to be in decimal degrees to five decimal places - 000.00000)

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) _____

*Size, in gallons: _____ *Tank material _____ Tank manufacturer _____ Date _____

SEPTIC TANK EVALUATION PROCEDURE:

Located, accessed, and opened the tank covers. *If at grade, are covers secure? ____ Yes ____ No

*Are there risers with covers at the ground surface? ____ Yes ____ No, (If system was permitted after September 1, 2005 Liquid Waste Regulations require risers to the ground surface with secure covers to be installed by a properly licensed contractor.)

On re-inspection, were risers with secure covers installed? ____ Yes ____ No.

Check water level in tank, sludge and scum level, inlet and outlet tee(s), baffle wall. Comment below in Checklist Summary.

____ Yes ____ No - Pumped out tank, listened and observed for backflow into the tank from the outlet pipe. **Caution: Do not pump treatment tank if there is evidence of a malfunction in any portion of the system.**

Results: Comment below in Checklist Summary.

*Pumper Name _____ *Certification Number _____

Pumping Company Name _____ Approximate gallons pumped _____ Date _____

*Structural integrity of tank: ____ Good ____ Fair ____ Poor ____ Unable to determine. **NEVER enter a tank unless proper confined space entry procedures are followed.**

*Effluent filter required: ____ Yes ____ No In place? ____ Yes ____ No Cleaned? ____ Yes ____ No

(Effluent filter required if system permitted after September 1, 2005)

*Check approximate tank and disposal field setback distances to watersource(s), well(s), waterline(s), structures, etc.

Note setback distances _____

Determine approximate distance between water well and soil absorption system.

*Approximate distance is _____ feet.

*Does the system contain a dosing or pump tank? ___Yes ___No If Yes,

___ Yes ___ No Does the pump work?

___ Yes ___ No Is the integrity of tank acceptable (cracks, infiltration, etc.)?

___ Yes ___ No Is the pump elevated off the bottom of the chamber?

___ Yes ___ No Is there a check valve and a purge hole?

___ Yes ___ No Is there a high water alarm?

___ Yes ___ No Does the alarm work?

___ Yes ___ No Do electrical connections appear satisfactory?

Explanation of answers, if necessary: _____

***ADVANCED TREATMENT SYSTEM:**

Manufacturer _____ Model _____ Functioning? _____

Maintenance Contractor _____

Maintenance Contract Expiration date _____ Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports. (NOTE: New owner of ATS must submit a copy of a maintenance contract in his or her name to NMED, upon transfer of ownership. ATS ownership transfer required within 10 days of property closing.)

DISPOSAL SYSTEM:

*Trench(s) _____ Bed _____ Seepage pit(s) _____ Gravelless, Specify _____ Dosing _____

Drip _____ ET Bed _____ Other _____ Dbox required _____ Dbox installed _____

Drainfield area square feet _____ Number of trenches _____ Width of trench(es) _____

Length of trench(es) _____ Depth of stone below pipe _____ Depth of trench(es) _____

Does system include a pump? ___Yes ___No Pump Type _____

Additional information _____

*Graywater System: ___Yes ___No Surface Discharge? ___Yes ___No

Properly installed? _____ Permitted? _____

Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

Probe the drainage area to determine its location and to check for excessive moisture, odor, and/or effluent:

*OK _____ Problems: _____

Is there:

Any indication of a previous failure? ___ Yes ___ No

Seepage visible on the lawn? ___ Yes ___ No

Lush vegetation present? ___ Yes ___ No

Ponding water in the aggregate? ___ Yes ___ No

Even distribution of effluent in the fields? ___ Yes ___ No

***CHECKLIST SUMMARY:**

1) Treatment Tank or ATU is in ___ Acceptable ___ Unacceptable condition.
Comments: _____

2) Absorption system is in ___ Acceptable ___ Unacceptable condition.
Comments: _____

3) Pump and pump tank is in ___ Acceptable ___ Unacceptable condition.

4) Holding Tank is in ___ Acceptable ___ Unacceptable condition.

5) Alternative Treatment System is in ___ Acceptable ___ Unacceptable condition.
Comments: _____

An application for a permit for needed modifications must be submitted within 15 days of this evaluation. Contact NMED for an appropriate permit for modifications. The replacement of the tank or disposal system is a modification.

IF EXISTING SYSTEM HAS **NO** PERMIT, CONTACT THE LOCAL NMED OFFICE.

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 future operation of the septic system,

*** _____ disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.
(Evaluating Company or Individual)**

The NEW MEXICO STATE ENVIRONMENT DEPARTMENT may verify the above information, by inspection if necessary.

Return completed form with all required documents to the local NEW MEXICO STATE ENVIRONMENT DEPARTMENT Field Office. This form is valid for 180 days after the date given by the System Evaluator.



NMED Review: _____ Accepted _____ Not Accepted _____ Repairs Required

_____ Modification Required, describe _____ Repairs/Mods Completed Satisfactorily

Reviewed by: _____ Date _____