

Summit Operations

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:

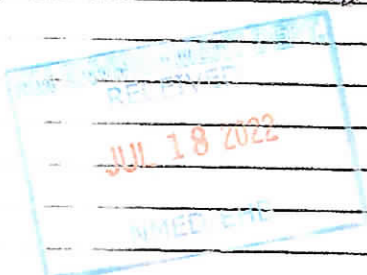
Existing Permit Number(s) RU 070063		Lot Size on Permit (to 0.01 acres) 40	Number of Bedrooms on Permit 3
Name James Marshall Hollier		Mailing Address PO Box 143 Corona NM 88318	Phone 575-849-2425
Site Address 393 Katina Rd. Corona NM 88318		Uniform Property Code 10.000.202479	Lot Size (to 0.01 Acres) 40.03 ACRES
Township/Range/Section		Land Vision Color Mountain Estates	Lot/Tract/Block/Unit LOT 16
Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other:		Other structure on property being used as a residence? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Describe Current Number of Bedrooms in Other Residential Structures: 0
Water Source (Circle One) Private Well <input type="checkbox"/> Public Water		Well on your property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Well Permit Number
Shared Well No. Connections		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Any other sources of wastewater on this property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Well, What Permit Numbers?	Describe Other Sources

THIRD PARTY EVALUATOR INFORMATION

Name of Person Evaluating LW System Code Gathers		Name of Company Summit Operations	Phone Number (575) 937-5762
MM-98 MM-01 MS-03 MS-01 NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED 3/5/22		License/Certification# 16119 STL	Expiration Date 8/23
Name of Company W2 Septic Serv		Name of Septic Pumper Timothy Richardson	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

OTHER INFORMATION

Sludge at 16-20". Pumping required. Effluent filter has been cleaned. Disposal system took 150+ gallons with no obvious issues.



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.
 - A fee or \$50.00 will be charged by the department for printing 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 James Russ	Signature <i>[Signature]</i>	Date 7/15/2022
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flexmls Web

8/25/2021

Information is deemed to be reliable, but is not guaranteed. © 2021 MLE and FBS. Prepared by the listing agent.

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

To be completed by Third Party Evaluator

Septic Tank

LOCATION	Latitude (DD dddd th) <u>34.2468th</u>	Longitude (DDD.ddddd) <u>-105.62369</u>	Elevation (Feet) <u>6837 ft</u>
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other _____	Material <input checked="" type="radio"/> Concrete <input type="radio"/> Plastic <input type="radio"/> Fiberglass Other: Note _____	Manufacturer of Tank <u>York</u>
Tank Dimensions: (over ltr x width x lg dia, inches)	Covers Secure? <input checked="" type="radio"/> YES <input type="radio"/> NO	Tank Cover Depth (Top of Tank to grade) (3' max) _____ feet	Year Tank Manufactured (as marked on tank) <u>2007 (?)</u>
ACCESS RISERS	Access Risers Inlet & Outlet? (Req'd 1997 1 ft. grade 2005 to grade) <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Required	Effluent Filter? (Required 2005) <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Not Required
	Number of Risers on tank: (over inlet and outlet, over baffle wall, vent not acceptable) 0 1 <input checked="" type="radio"/> 2	Riser Internal Diameter: (inches) (over 30" over 2" over 30" req'd) <input checked="" type="radio"/> 24" <input type="radio"/> 30" Other: _____	Material: (metal prohibited) Concrete coated <input checked="" type="radio"/> Plastic Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>150⁺</u> Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <input type="radio"/> At Invert <input checked="" type="radio"/> Below Invert	Does Tank appear Level? (Circle One) <input checked="" type="radio"/> YES <input type="radio"/> NO
	Inlet Tee/Baffle (Circle One) Note <input checked="" type="radio"/> OK <input type="radio"/> NOT OK	Outlet Tee/Baffle (Circle One) Note <input checked="" type="radio"/> OK <input type="radio"/> NOT OK	Baffle Wall (Circle One) Note <input checked="" type="radio"/> OK <input type="radio"/> NOT OK
VISIBLE DESCRIPTORS (Circle All that Apply)	Structural Cracking Excessive Detritus Plst Streaks Exposed Aggregate Exposed Rebar Wire Tank Manhole Deformed Notes <u>None Observed</u>		
SEPTIC TANK SETBACKS	Setbacks to On site Water Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet	Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet
HOLDING TANK	Annual Operating Permit Approved? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Annual Operating Permit Available? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Pumping Records Available? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

RECEIVED
JUL 18 2022
NMED/EHB

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional Seepage Pit	Trench Leaching Bed	Pipe and Gravel Chambers	Synthetic Aggregate Elevated System with Lift Station	Other
Alternative Other	Elevated System with Pressure Dosing	Low pressure Dosed Vault	Split Flow Privy	Wisconsin Mound ET Bed	Gray Water System Drip System Sand-lined Trench Soil Replacement
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A				
DISTRIBUTION BOX	Is there a D Box on this system? YES <input type="radio"/> NO <input checked="" type="radio"/> UNABLE TO CONFIRM	Watertight & Equal Distribution of Flow? <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> UNABLE TO CONFIRM	Access to D Box? (Required 2013) <input checked="" type="radio"/> YES <input type="radio"/> NO		
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? YES <input type="radio"/> NO <input checked="" type="radio"/>	Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added <u>150⁺</u>	Method used to measure gallons? Bucket 5-gal minutes <input checked="" type="radio"/> Water meter <input type="radio"/> Approximate		
	Any Indication of Previous Failure? YES <input type="radio"/> NO <input checked="" type="radio"/>	Seepage Visible on Lawn? YES <input type="radio"/> NO <input checked="" type="radio"/>	Lush Vegetation Present? YES <input type="radio"/> NO <input checked="" type="radio"/>		
	Evidence of Ponding Water in Field? YES NO N/A <input checked="" type="radio"/> UNABLE TO CONFIRM	Even Distribution of Effluent in Field? YES NO N/A <input checked="" type="radio"/> UNABLE TO CONFIRM	Any Septic Odor Present? YES <input type="radio"/> NO <input checked="" type="radio"/>		
DISPOSAL SYSTEM SETBACKS	Setbacks to On site Water Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet	Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet	Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A Distance _____ Feet		
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A	To Property Lines, Structures, Waterlines Met Not Met Unable to Confirm <input checked="" type="radio"/> N/A	Setbacks to Septic Tank Met Not Met <input checked="" type="radio"/> Unable to Confirm		

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number: _____

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:

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 YES NO N/A
 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
 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

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
 Are all electrical connections correct?
 YES NO
 Is there a Backup Pump?
 YES NO

High Level Alarm Works?
 YES NO

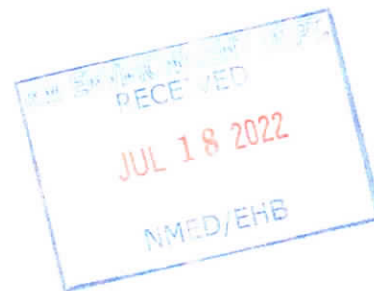
Both Air & A-100 Alarm present?
 YES NO

Is there a Check Valve & Purge Valve Hole?
 YES NO

Note any Problems, Concerns or Comments:

Draw a Simple Sketch of the System (include North Arrow, Location, etc.) of all System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank.

See Attached



Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

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

Evaluation Criteria

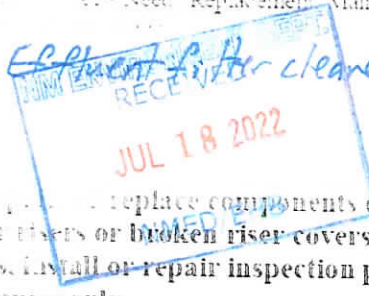
(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)

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 ¹	NO
2	Septic Tank/Treatment Unit	Is the septic tank treatment unit watertight and functioning properly?	YES	NO ²
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO ²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO ²
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 ³
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 ³
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 ³	NO
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached which has been completed within the past 180 days? (Required for ATSSs)	YES	NO ² NA

Evaluator Recommendations: Liquid waste system appears to be functional. Disposal System Needs Replacement. Septic Tank Needs Repairs. Comments: Sludge 16-20". Pumping required. Effluent filter cleaned. Pump Tank OK. Disposal system OK.



Only licensed contractors and their employees may perform or supervise the replacement of 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 and that the information contained in this report is correct and true to the best of my knowledge

Evaluator's Name Printed: *Casey Smith* Evaluator's Signature: *Casey Smith* Date: *7/18/2022*

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

- 1 Immediate action is required by property owner to remedy hazard
- 2 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 ATSSs, a current sampling report must be submitted.
- 3 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
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Return this completed report to the local NMED Field Office within 15 days of the evaluation. NMED DATE STAMP for Date Received

This form is valid for 180 days after the date the evaluation was conducted.



NMED INSPECTION IS REQUIRED
CALL 505-258-3272 FOR APPOINTMENT

APPLICATION FOR A
LIQUID WASTE PERMIT

APPROVED ONLY FOR A
3 BEDROOM SYSTEM.

NMED Permit Number **LWP-RU-07-0063**

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:

MAILING ADDRESS: Street/PO Box City State Zip Code

PO Box 143 Corona NM 88318

SYSTEM LOCATION: Street Address/Location - Give Directions to Site County:
From Corona, turn North on highway 42. Turn left onto Kathryn Rd continue to 393 - on right hand side Lincoln

SUBDIVISION UNIT BLOCK LOT
Tract 16 of Tract A, Cougar Mountain Estates
TOWNSHIP RANGE SECTION Qtr Qtr Qtr LATITUDE LONGITUDE
15 13E 6

INSTALLER'S NAME & FIRM: PHONE:
MAHING, ADDRESS: Street/PO Box City State Zip Code

Cleanest Austin / Septic Works & Const. LLC
PO Box 322 Estancia NM 87016
CID LICENSE NO./CERTIFICATION AIME-1 M31-98 MS-1 MS-3 Homeowner
92649

PERMIT APPLICATION (Instructions on back of this form)
A. Proposed Liquid Waste System is for: New Construction Modification to an existing system

B. Manufactured House (Mobile) Yes No
C. Proposed System is: Conventional Mound Holding Tank
Evapotranspiration Other (Describe):

WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)

A. Proposed liquid waste system use and design flow:
Single family residence with 3 (No.) of Bedrooms 375 gpd
Multiple family units: (No.) of Bedrooms _____ gpd
Other (Type): _____ Flow sizing units: _____ gpd

B. Are there other sewage sources on this property? Yes No gpd

TOTAL WASTE WATER DESIGN FLOW ON PROPERTY = 375 GPD

SITE INFORMATION

A. Lot Size: 40 Date of Record: 10-20-05
(Nearest 0.01 acre) (Plat Date or Subdivision Date)

Yes No Property Owner Confirmation: Warranty Deed Attached
NMED Retain Original Copy

SITE INFORMATION (CONTINUED):

B. Depth from Ground Surface to:
1. Seasonal High Water Table
2. Bedrock, Caliche, Tight Clay
3. Gravel, Cobbles: Highly permeable soil
> 15 Feet
15 to 25 Feet
Feet

C. Soil Description (NMED may require both texture description and percolation rate)
Course sand or gravel
Sand Sandy Loam Loam Fine Sand
Clay Loam Clay Silty Loam
Other (Describe):

SOIL PERCOLATE RATE: _____ MINUTE
(Attach Percolation Test Results) (Add MEASUREMENTS)
DOMESTIC WATER SOURCE: Private Public
Irrigation Well or Flood Irrigated Area on the lot: Yes No

IV. SYSTEM DESIGN

A. Treatment Unit:
 Septic Tank Capacity: 1000 Gallons
Manufacturer: York Certification #: NM 06-05-131
Other (Specify): Effluent Filter Tank-Tite EF-4

B. Disposal System: Trench Bed Septage Pit
 Mound Evapotranspiration

Materials: Pipe & Gravel 25 Gravelless (Specify) Bio-diffuser
MINIMUM REQUIRED ABSORPTION AREA: = 750 sq feet ink

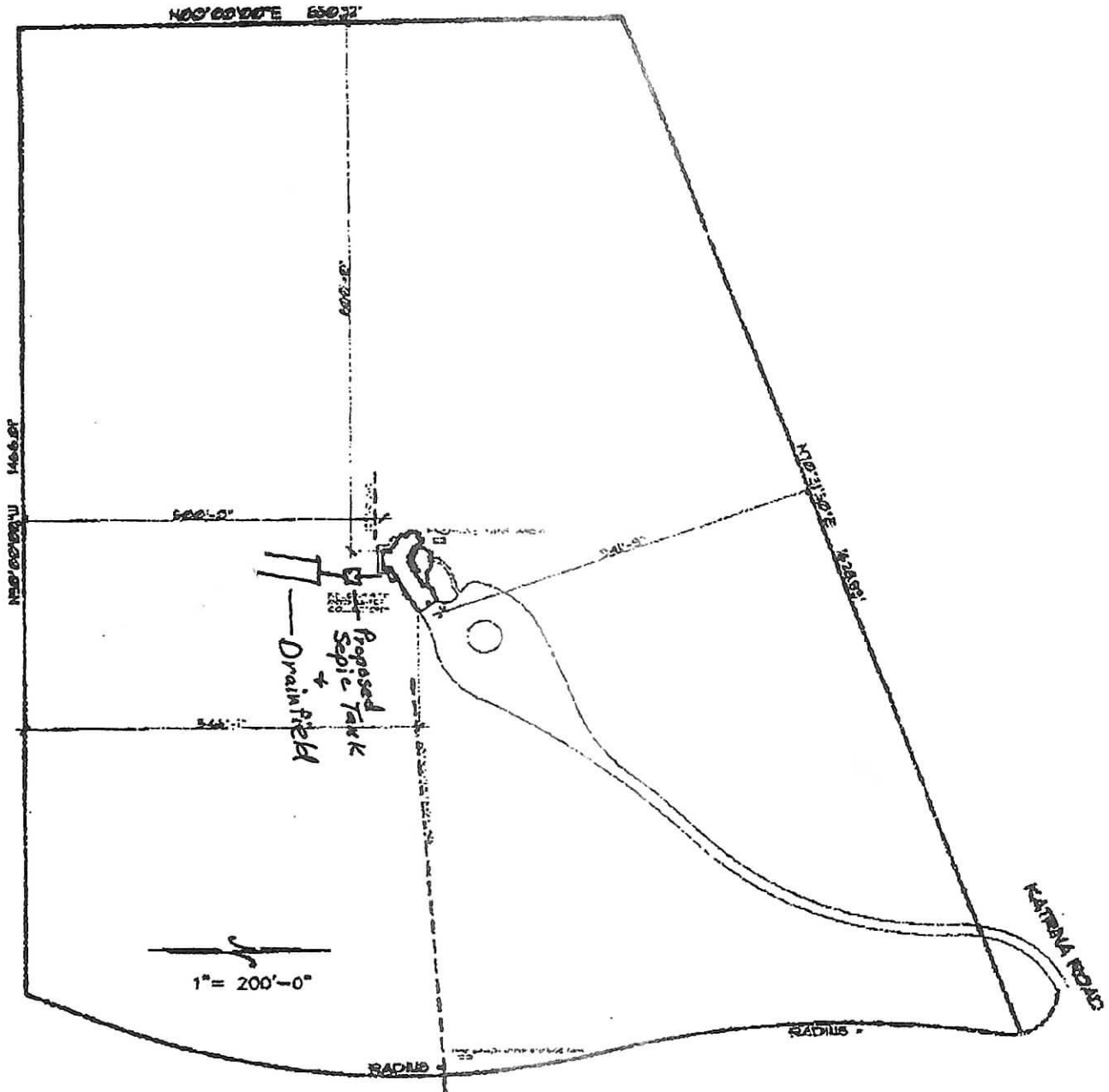


Trench or Bed Width = 3 ft. Gravel depth below distribution pipe = N/A
Length of Trenches = (1) 72; (2) 78; (3) _____
Number of Gravelless Units = 25

PROPOSED ABSORPTION AREA OF SYSTEM: 750 Square ft
Depth from ground surface to bottom of absorption area = 2 ft.

Proposed system to consist of 1000 gallon concrete septic tank, a mound to ^{be} gravity fed if existing grade will allow.

If gravity flow is not possible a 500 gallon concrete pump tank and a properly sized pump shall be installed between septic tank and mounded drainfield.



	<p>HOLLIER RESIDENCE LOT # 6 COUGAR MOUNTAIN ESTATES KATRINA ROAD LINCOLN COUNTY, NEW MEXICO</p>	<p>DATE 1/27/04</p>	<p>Tomenstock LLC</p>
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