

ENTERED

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

APPROVED

LWP-RU-08-0006



Date NMED Received: 01-09-07

NMED Permit Number:

NMED Use:

NMED Inspection Required: No Yes, Call 258-3272 to schedule an inspection a minimum of 2 working days prior to the inspection.

Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms

Multiple dwellings

Other:

SYSTEM OWNER'S NAME: Last, First, MI

Home Phone:

Business Phone:

Keck, James and Cyndi 360-581-7203

MAILING ADDRESS: Street/PO Box, City State Zip Code

136 Willie Horton Ruidoso Nm. 88345

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)

Lot 13 Rivers Edge Lincoln

SUBDIVISION

UNIT

BLOCK

LOT

Rivers Edge phase Two 13

TOWNSHIP

RANGE

SECTION

QTR

QTR

QTR

LATITUDE

LONGITUDE

ELEV

UNIFORM PROPERTY CODE: 4086059360090

INSTALLER'S NAME & FIRM: COLIN CANNON

PHONE:

Cannon Ind. LLC 258-5030

MAILING ADDRESS: Street/PO Box, City State ZIP

P.O. Box 1910 ALTO Nm. 88312

CID License No./Class

MM-1

MM-98

MS-1

MS-3

Homeowner

No.: 353752

I. PERMIT APPLICATION (instructions available on request)

Application is for: New Permit Registration - unpermitted system

Modification to an existing system (existing permit no., if any):

ATS ownership transfer

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

A. Proposed liquid waste system use and design flow:

Single family residence 4 no. of bedrooms 450 gpd

Multiple family units no. of units; no. bedrooms per unit gpd

Seasonal residence gpd

Commercial (type): gpd

Other (type): Fixture units: gpd

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

TOTAL WASTEWATER FLOW ON PROPERTY - 450 gpd

III. SITE INFORMATION

A. Lot Size: 1.006 Acres Date of Record: 12-4-1992

(nearest 0.01 acre) (Plat Date or Subdivision Date)

Ownership and lot size documentation attached: Warranty deed Recorded plat

Recorded survey Property tax receipt Other, specify: Jane-IT

B. Depth from Ground Surface to:

Seasonal High Water Table 20 feet

Bedrock, Caliche, Tight Clay N/A feet

Gravel, Cobbles, Highly permeable soil 20 feet

C. Soil Description:

USDA Soil Class Methodology & Verification Submitted? Yes No

Type Ia=1.25 sf/gal/day Type Ib=2 sf/gal/day Type II= 2 sf/gal/day

Type III=2 sf/gal/day Type IV=5 sf/gal/day

D. Domestic Water Source:

On-site Off-site

Private Public Shared

State Engineer Well Permit #:

Name of Public Water System:

Irrigation well, or flood irrigated area on lot? Yes No

IV. SYSTEM DESIGN

A. Treatment Unit:

Septic tank Manufacturer: RSSI Gallons: 1200

Certification No: 02-344

ATS Manufacturer: Model:

(ATS - Advanced Treatment System) Sand filter Voluntary ATS

Treatment: Secondary Tertiary Disinfection

Other (specify):

B. Disposal System: Trench Leaching Bed Seepage Pit

Privy Holding tank or vault Gray water

Mound Lined Evapotranspiration (ET) Bed Unlined ET Bed

Elevated Bed Drip Low pressure dosed

Other (specify):

Materials: Pipe and Gravel Gravelless (specify): High Capacity Infiltrator

Distribution box required

C. Minimum required absorption area:

AR 2 x Q 450 = 900 SQFT

(AR - Application Rate) (Q - Design Flow)

Trench or Bed width = 3 ft.

Gravel depth below pipe = ft.

Length of Trenches = (1) 90; (2) 90; (3); (4)

Total Trench or Bed Length = 180

Number of Gravelless Units = 30

Proposed Absorption Area of System = 900 SQFT

D. Depth from ground surface to bottom of absorption area = 3 ft.

NMED Permit Number: 08-0006

V. **SITE PLAN:** Attach plat, diagram or picture file of the lot and liquid waste system. Show setback distances from both the tank and disposal field to property lines, buildings, structures, wells, water lines, irrigation ditches, arroyos and surface waters within 200 feet of the system, and the direction of groundwater flow.

NMED Use: A plat, drawing or picture, including setback distances, in accordance with 20.7.3.302:
 IS attached

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

[Signature] 1-9-08
Signature Date
 Owner Contractor Other, specify:

VII. **NMED PERMIT TO CONSTRUCT** (For Registrations, ATS Ownership Transfer, or Permitting of Unpermitted Systems installed after February 1, 2002 skip this section and go to Section VIII):

A permit for construction of the liquid waste disposal system described herein is hereby:

 Granted Granted subject to conditions Denied

Permit Conditions or Reasons for Denial: Approved for 4 bedrooms only

[Signature] 01-10-08
NMED Representative Date

NOTE: This permit may be canceled for failure to meet any condition specified: failure to complete the system within one year; for providing inaccurate or incomplete information; or for failure to notify NMED to schedule an inspection, a minimum of 2 working days in advance of system completion.

If you have questions call: 258-3272

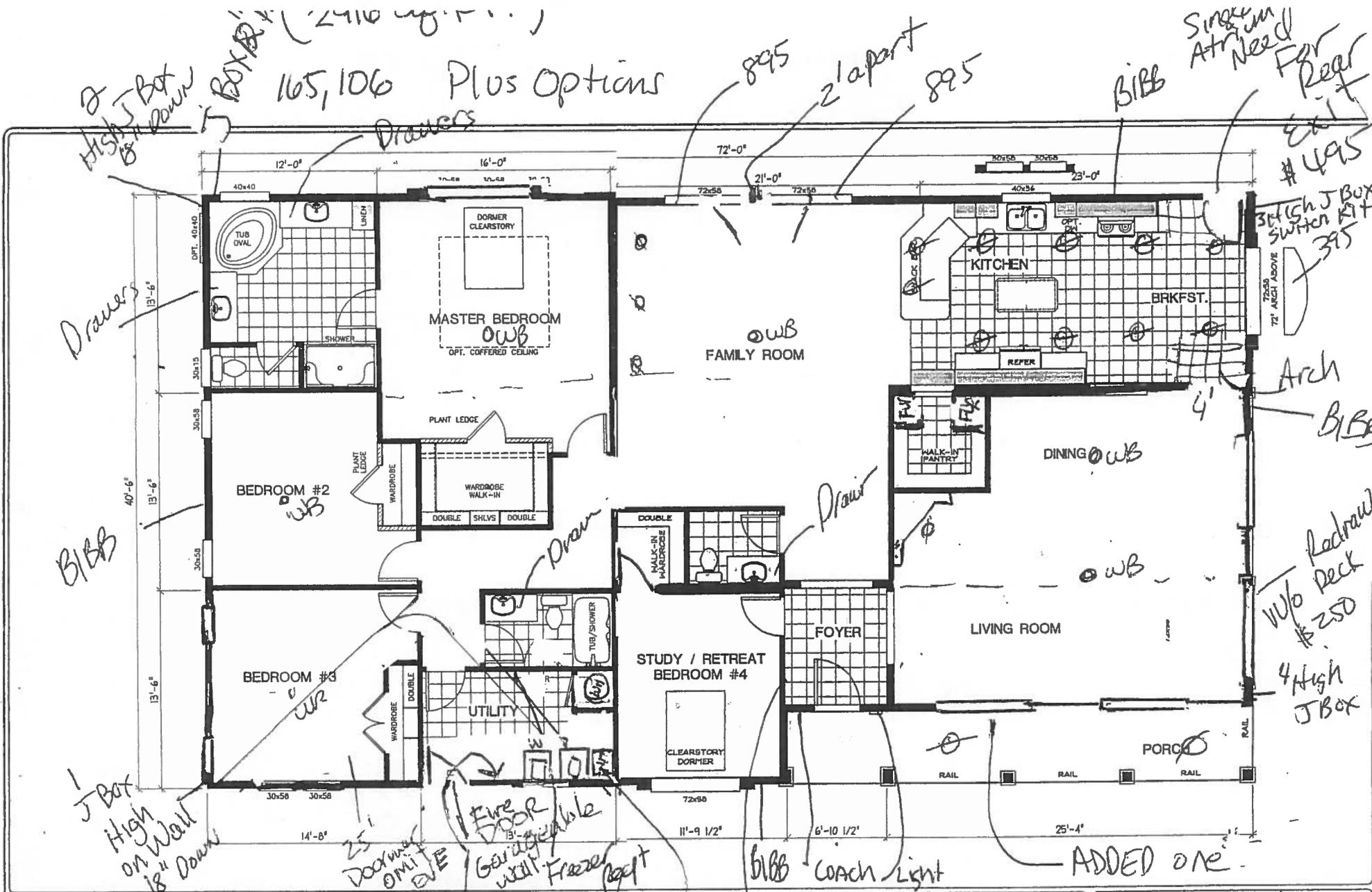
VIII. **NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:**

NMED Inspection History	NMED Representative	Date

The system described above: was was not inspected by NMED Contractor photo inspection

Conditions of Approval:

 NMED Representative Date



THE Karsten COMPANY

1700 Karsten Ct. S.E. Albuquerque, NM. 87102 (505) 242-5500 ph.

REVISIONS	BY	DATE	GENERAL NOTES
REVISED HIDDEN PARTS TO BE STANDARD	MCT	6-21-06	

DRAWING TITLE
SALES FLOOR PLAN

PRODUCT: NEW MEXICO	SERIES: RIGHT CHOICE	MODEL NO. RC-32
SQ. FT.: 2,916	DRAWING FILE INFORMATION: C:DWG/RIGHT CHOICE	
2,612 HEATED	DATE DRAWN: 4-5-06	SHEET: 1A-1
DRAWN BY: MONTE T.		

(Vars Keep)

LINEW Switch By Foyer X

Jan-08-08 09:24am Fico-THE TITLE COMPANY
SHORT FORM WARRANTY DEED - New Mexico Statutory Form

605 297 5589

T-137 P.001/001 F-770

File No. 25979 r1

WARRANTY DEED

BOBBY KECK, a single man

for consideration paid, grant(s) to

JANE KECK and CYNDI KECK, husband and wife as Joint Tenants

whose address is 2599 US HWY 101
HOQUIAM, WA 98550

the following described real estate in Lincoln county, New Mexico:

Lot 13, of RIVER'S EDGE SUBDIVISION, Lincoln County, New Mexico as shown by the plat thereof filed in the office of the County Clerk and Ex-officio Recorder of Lincoln County, New Mexico, on December 4, 1992, in Cabinet E, Slide 273.

SUBJECT TO easements, restrictions, and reservations of record;

with warranty covenants,
WITNESS my hand(s) and seal(s) this 14th day of

September, 2007 Bobby Keck (Seal)
BOBBY KECK (Seal)

(Seal)
(Seal)

STATE New Mexico
County of Lincoln

I, the undersigned, do hereby acknowledge before me this 14th day of September, 2007
by BOBBY KECK, a single man



[Signature]
Notary Public

STATE OF NEW MEXICO }
County of _____ }
Records of Deeds of said County.
County Clerk _____

I hereby certify that this instrument was filed for record on the _____ day of _____, A.D. 2007

at _____ o'clock _____ M., and duly recorded in _____
Book _____ Page _____
1 of 1
09/26/2007 01:55:53 PM
BY LORRAE



LINCOLN COUNTY - NM
EMILIE J. HANCOCK, CLERK
200708745
Book 2007 Page 8745
1 of 1
09/26/2007 01:55:53 PM
BY LORRAE



Tax Assessor Made Easy - Information Technology

Quick Print

Total Records: 1

First Prev 1 of 1 Next Last					Show Map		Return	
Owner's Name								
James & Cyndi Keck								
Mailing Address				Mail City	Mail State	Mail Zip		
2699 Us Hwy. 101				Hoquiam	WA	98550		
Prop St #	Prop Street			Prop Zip	Lot	Block		
				88336	13			
Unit	Tract	Apartment			Building	Phase		
						2		
Subdivision					Section	Township		
Rivers Edge Sd.								
Range	Acre	Mapcode	Parcel ID	Year Built	Sold Date			
	0	4086059360040	250285		05.31.2005			
Deedbook	Deedpage	Tax Amount			Tax Due	Tax Paid		
2005	5096	\$309.41			\$309.41	N		
Main Floor	Second	Third	Downstairs	Total Sq. Ft.				
0	0	0	0	0				
Description								
LOT 13 PHASE 2								
Description 2								
Description 3								
First Prev 1 of 1 Next Last								



State of New Mexico
ENVIRONMENT DEPARTMENT
 Ruidoso Field Office
 1216 Mechem, Suite 2
 Ruidoso, New Mexico 88345
 (505) 258-3272
 Fax (505) 258-4891



BILL RICHARDSON
 Governor

RON CURRY
 Secretary

LIQUID WASTE PERMIT RECEIPT

LW Permit No. RU - 08 - 0006

Owner's Name: JAMES KECK

Owner's Address: 136 WILLIE HORTON RUIDOSO 88345

Property Address: RIVERS EDGE DRIVE

- Type of Fee
- Conventional - \$100
 - Conventional Modification / Repair - \$50
 - Commercial Construction / Modification / Repair - \$150
 - Advanced or Alternative Construction - \$150
 - Advanced or Alternative Modification / Repair - \$75
 - Re-inspection - \$50
 - Variance - \$50

Payment Received From: CANNON INDUSTRIES

Payment: Amount: \$ 100.00

Check No. 3376

Payment Received By: EUGENE KNIGHT Date: _____

CANNON INDUSTRIES, LLC
DBA RUIDOSO SEPTIC SERVICE

PH. (575) 258-5030
 P.O. BOX 1910
 ALTO, NM 88312

3376

78-683
 914 21

DATE 1-

PAY TO THE ORDER OF NMED Liquid waste fund — \$ 100.00

One Hundred & 00/100

DOLLARS Security Features Imbedded in Bond



2713 SUDDERTH DRIVE • 505-257-7170
 RUIDOSO, NEW MEXICO 88345
 Express Line (24 Hour Banking) 1-800-555-6895

FOR L-13 Rivers Edge

MP



STATE OF NEW MEXICO
 ENVIRONMENT DEPARTMENT
 FIELD OPERATIONS DIVISION
 ONSITE LIQUID WASTE SYSTEM
 PHOTO SELF INSPECTION



NMED Permit No: LWP-R4-08-0006 Applicant's Name Cannon Ind. LLC. (Jim Keck)
 System Location: L-13 Rivers Edge Installer's Name: Colin Cannon
 Type of Inspection: PHOTO INSPECTION Inspection Date: 1-30-08

**** By signing this inspection form you are certifying that all information is correct and the liquid waste system is installed correctly. To complete the self-inspection a GPS is required to fill out the GIS section. If an onsite well is being used GPS the well and take a water sample.

1. BUILDING SEWER

- a. Correct Size and Material
- b. Required Cleanouts Present, Installed Correctly & to Finish Grade
- c. Pipe at Correct Grade (1/8" to 1/4" per foot)

2. PRE-TREATMENT

- a. Type: _____
- b. Installed as per Plans or Manufacturer's Instructions
- c. Other: _____

3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT

- Type Concrete Plastic/Fiberglass Sec./Tert. Treatment Unit
- a. Located as per Site Plan
 - b. Correct Setbacks
 - c. Tank Certified; Correctly Labeled
 - d. Tank Correctly Oriented, Level & Depth Below Grade
 - e. Inlet / Outlet Pipes Sealed & Watertight
 - f. Inlet / Outlet Baffle or Tee with Legs Extending 12" Minimum Below Liquid Level;
 - g. Outlet Filter Installed if Required
 - h. Tank & Fittings Correctly Vented
 - i. Concrete Tank: Coated & Material Correct OR Type V Concrete
 - j. Outlet Pipe Correct Size & Material
 - k. Manholes Correctly Sized & Located
 - l. Manhole Risers at Correct Height, Diameter, Lids & Coated
 - m. Tank Installed per Manufacturer's Instructions
 - n. Water Tightness Test Pass Fail (Tank filled to bottom of outlet pipe)
 - o. Other

4. SURGE, PUMP AND HOLDING TANKS

- Type Surge Tank Pump Tank Holding Tank Other
- a. Correct Size
 - b. Inlet/Outlet Sealed Correctly
 - c. Pump(s) & Alarms installed on separate circuits
 - d. Manholes, Risers, Lids Correct and Water Tight

5. TEE OR DISTRIBUTION BOX

- a. Pipe from tank to Tee/"D" Box 4" Diameter
- b. Tee Level
- c. "D" Box Level and on Concrete Slab or Stable Soil
- d. "D" Box Inlet Baffled and 1" Above Outlets
- e. "D" Box Outlets at Same Height; Flow Equal to Outlets
- f. Tee or "D" Located a Min. of 5' From Disposal Field.
- g. Other: _____

6. DISPOSAL TRENCH OR BED

- Type Trench Chamber Bed Seepage Pit(s) Other
- a. Soil Type: IV
 - b. Correct Clearance to Ground Water or Limiting Layer

- c. Correctly sized disposal area (according to permit)
- d. Correct Setbacks (wells, waterways, arroyos, structures, etc)
- e. Excavation at Correct Grade
- f. Correct Spacing Between Trenches or Beds
- g. Smeared Soils Not Present on Trench or Bed
- h. Correct Aggregate; Type, Size, Clean and Amount
- i. Correct Depth of Aggregate Above and Below Pipe
- j. Correct Pipe; 4" Minimum Diameter
- k. Aggregate Covered with Approved Material
- l. Other:

- Seepage Pits:
- a. Underside of lid coated; riser provided as required
 - b. Domed covers covered with minimum 2" concrete
 - c. Brick or block laid end to end with staggered tight joints
 - d. Side wall inlet properly vented
 - e. Inlet/outlet fittings sealed

7. NMED FIELD MEASUREMENTS

- a. Nitrate in on-site well: _____ (mg/L)
- b. Iron in on-site well: _____ (mg/L)
- c. Tank GIS: lat 33°25'10.3 long 105°24'39.1
- d. Elev. 5626
- e. Well GIS: lat 33°25'09.2 long 105°24'44
- f. Elev. 5583
- g. Dimensions: Trench/Bed Infiltrator
- h. Length: 90x2 Width: 3 Depth: 3'
- i. Number: Chambers 30 Type Infil

8. COMMENTS / VIOLATIONS

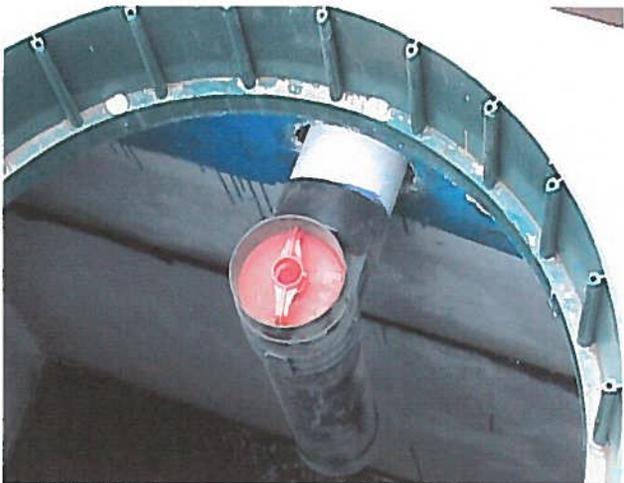
- Installation Approved
- Installation Approved w/conditions (See Comments/Violations)
- Installation Not Approved (See Comments/Violations)

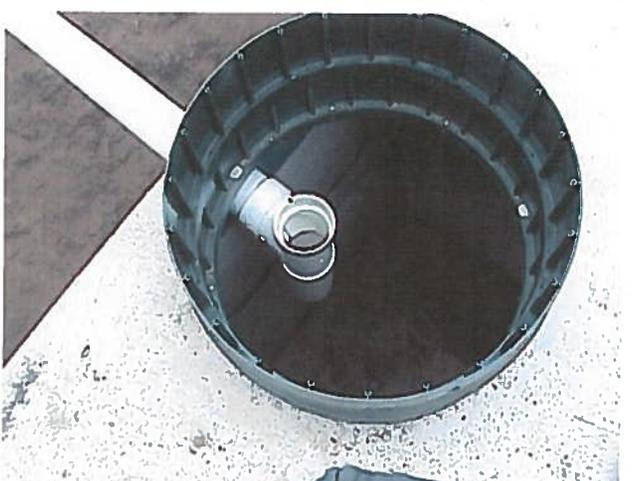
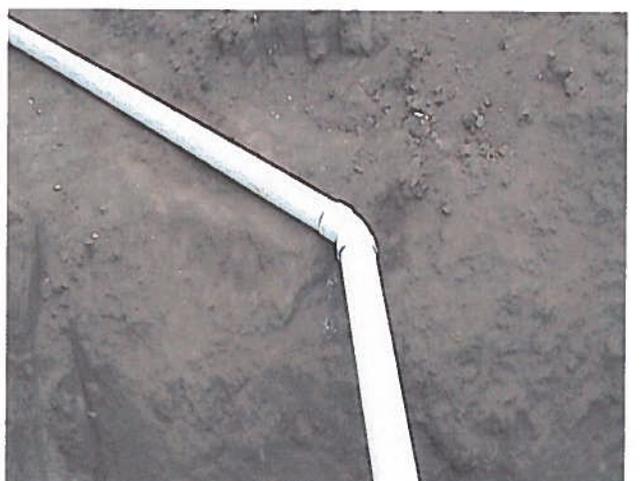
Final Approval
 Granted Denied

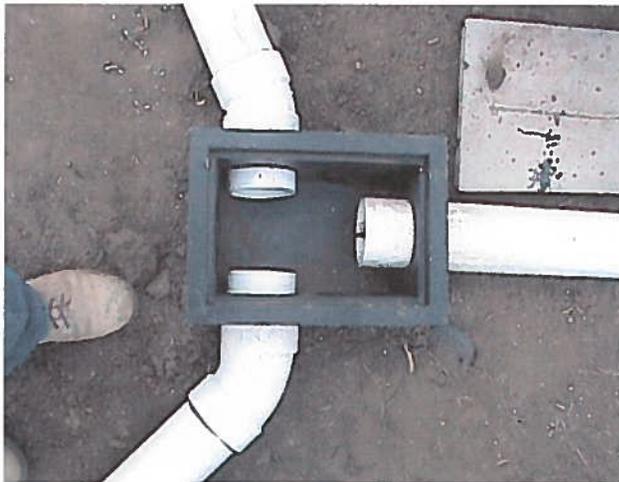
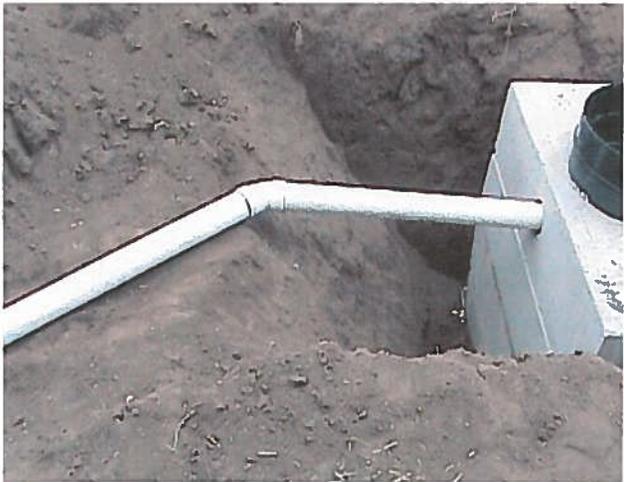
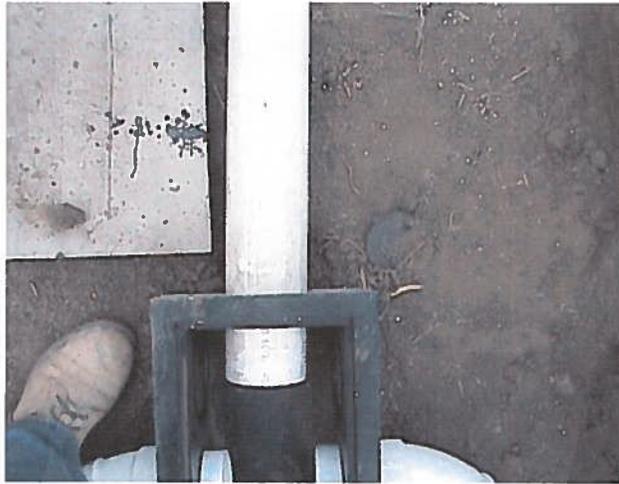
Colin Cannon 1-30-08
 Contractor Date
Angela R. Knight 1-24-09
 NMED Inspector Date

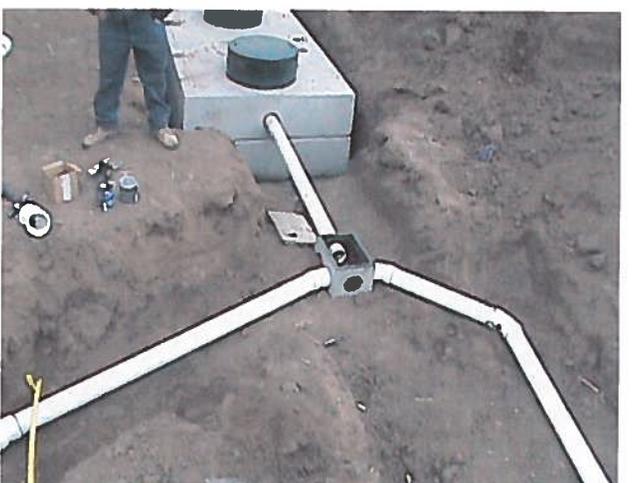
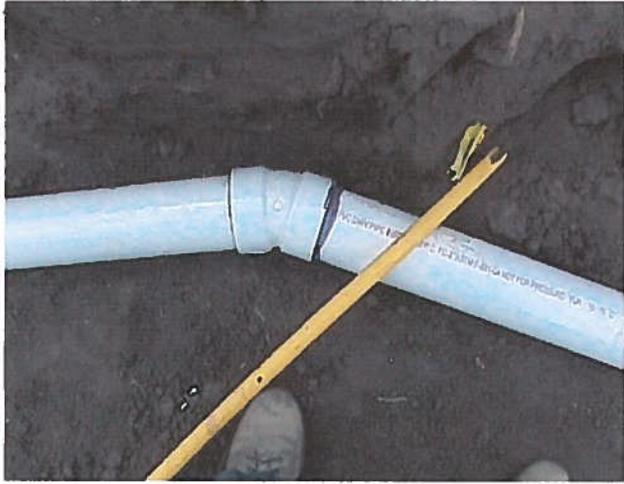
OK - If installed and meets Requirements
 N/A - Not applicable
 N/T - Not tested
 NMED only

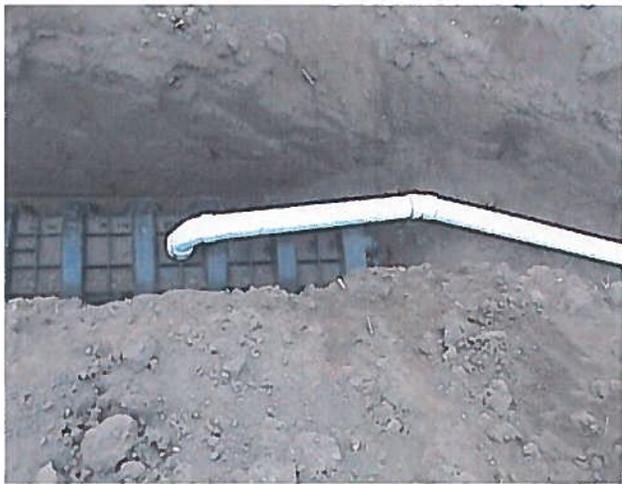
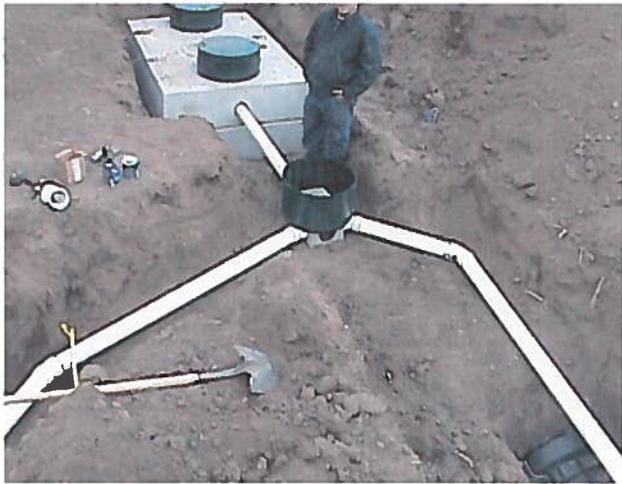












NMED DATE STAMP ALL 4 PAGES UPON SUBMITTAL

State of New Mexico Environment Department Environmental Health Bureau			
PROPERTY TRANSFER EVALUATION REPORT For PERMITTED ONSITE LIQUID WASTE SYSTEMS			
GENERAL INFORMATION To be completed by Owner or Owner's Representative			
EXISTING PERMIT INFORMATION	Existing Permit Number(s) <u>LWP-RU-08-0006</u>	Lot Size on Permit (to 0.01 acres)	Number of Bedrooms on Permit <u>4</u>
CURRENT OWNER INFORMATION	Name <u>James Keck</u>	Mailing Address <u>139 Riverbidge San Patricio NM</u>	Phone <u>575 937 7534</u>
PROPERTY INFORMATION	Site Address <u>139 Riverbidge</u>	Uniform Property Code	Lot Size (to 0.01 Acres)
	Township/Range/Section <u>San Patricio</u>	Subdivision <u>Riverbidge</u>	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 <u>3</u> 4 5 6 Other:	Other structure on property being used as a residence? RECEIVED <u>APR 29 2016</u> YES <input type="radio"/> NO <input checked="" type="radio"/>	Describe Current Number of Bedrooms In Other Residential Structures:
WATER SOURCE	Water Source (Circle One) <u>Private Well</u> Public Water Shared Well	Well on your property? NMED Ruidoso Field Office <u>YES</u> NO	Well Permit Number
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES <input type="radio"/> NO <input checked="" type="radio"/>	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	Name of Company <u>CANNON Ind., LLC</u>	Phone Number <u>575-258-5030</u>
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 <u>MM-01</u> MS-03 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification# <u>353752</u>	Expiration Date <u>PERMANENT</u>
SEPTAGE PUMPER INFO	Name of Company	Name of Septage Pumper	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO
OTHER INFORMATION			
NOTICE TO OWNER OR AGENT: 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.			
Owner or Authorized Representative Name Printed <u>James Keck</u>		Signature <u>[Signature]</u>	Date <u>4/20/13</u>

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Date of Evaluation:

Septic Tank

LOCATION	Latitude (DD.ddddd°) <u>33.418422</u>	Longitude (DDD.ddddd°) <u>-105.406586</u>	Elevation (Feet) <u>5382</u>
SIZE and MATERIALS	Size (gallons) 1000 <input checked="" type="radio"/> 1500 Other: _____	Material <input checked="" type="radio"/> Concrete Plastic Fiberglass Other	Manufacturer of Tank <u>RSS</u>
	Tank Depth (Top of Tank to ground surface) <u>1.5</u> Feet	Covers Secure? <input checked="" type="radio"/> YES <input type="radio"/> NO	Year Tank Manufactured <u>06</u>
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 2005) <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? (Required 2013) YES <input checked="" type="radio"/> NO <input type="radio"/> Not Required
FUNCTIONALITY	How many Gallons were pumped for this evaluation? <u>0</u> Gallons	Water Level in Tank at Outlet (Circle One) Above Invert <input checked="" type="radio"/> At Invert <input type="radio"/> Below Invert	Does Tank appear Level? (Circle One) <input checked="" type="radio"/> YES <input type="radio"/> NO
	Inlet Tee/Baffle (Circle One) <input checked="" type="radio"/> OK <input type="radio"/> NOT OK Note: _____	Outlet Tee/Baffle (Circle One) <input checked="" type="radio"/> OK <input type="radio"/> NOT OK Note: _____	Baffle Wall (Circle One) <input checked="" type="radio"/> OK <input type="radio"/> NOT OK Note: _____
VISIBLE DESCRIPTORS (Circle ALL that Apply)	Structural Cracking Excessive Deterioration <input checked="" type="checkbox"/> Rust Streaks <input checked="" type="checkbox"/> Exposed Aggregate <input type="checkbox"/> Exposed Rebar/Wire <input type="checkbox"/> Tank/Manhole Deformed <input type="checkbox"/> Notes: _____		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: <u>134</u> Feet	Setbacks to Neighbor's Well (50 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: <u>100+</u> Feet	Setbacks to Public Water Well (100 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A	To Property Lines, Structures, Waterlines <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A	Setbacks to Disposal System <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A
HOLDING TANK	High Level Alarm working properly? YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	Appears to be Watertight? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	Pumping Records Available? YES <input type="radio"/> NO <input type="radio"/> N/A

RECEIVED

Note any Problems, Concerns or Comments:

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	<input checked="" type="radio"/> Conventional <input checked="" type="radio"/> Trench <input type="radio"/> Pipe and Gravel <input checked="" type="radio"/> Chambers <input type="radio"/> Synthetic Aggregate <input type="radio"/> Other	<input type="radio"/> Seepage Pit <input type="radio"/> Leaching Bed <input type="radio"/> Elevated System with Lift Station	<input type="radio"/> Alternative/Other <input type="radio"/> Elevated System with Pressure-Dosing <input type="radio"/> Wisconsin Mound <input type="radio"/> ET Bed <input type="radio"/> Gray Water System <input type="radio"/> Drip System
	<input type="radio"/> Low-pressure Dosed <input type="radio"/> Split-Flow <input type="radio"/> Bottomless Sand Filter <input type="radio"/> Sand-lined Trench <input type="radio"/> Soil-Replacement <input type="radio"/> Vault <input type="radio"/> Privy <input type="radio"/> Constructed Wetlands <input type="radio"/> Other:		
DISTRIBUTION BOX	Is there a D-Box on this system? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNABLE TO CONFIRM	Watertight & Equal Distribution of Flow? <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input 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: _____	Other Method? YES <input type="radio"/> NO <input checked="" type="radio"/> Describe: <u>20 min water test</u>
	Any Indication of Previous Failure? <input checked="" type="radio"/> YES <input type="radio"/> NO	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 <input checked="" type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> UNABLE TO CONFIRM	Even Distribution of Effluent in Field? <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> UNABLE TO CONFIRM	Any Septic Odor Present? <input checked="" type="radio"/> YES <input type="radio"/> NO
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: <u>134</u> Feet	Setbacks to Neighbor's Well (100 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: <u>100+</u> Feet	Setbacks to Public Water Well (200 ft) <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A Distance: _____ Feet
	Setbacks: State Waters, Arroyos, Ditches <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A	To Property Lines, Structures, Waterlines <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm <input type="radio"/> N/A	Setbacks to Septic Tank <input checked="" type="radio"/> Met <input type="radio"/> Not Met <input type="radio"/> Unable to Confirm
FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? <input checked="" type="radio"/> YES <input type="radio"/> NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to Confirm	

Note any Problems, Concerns or Comments:

D Box is detached almost gone

Liquid Waste Permit Number: RU-08-0006

Advanced Treatment System

Not Applicable check here if not applicable

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	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

Note any Problems, Concerns or Comments:

Pump Systems

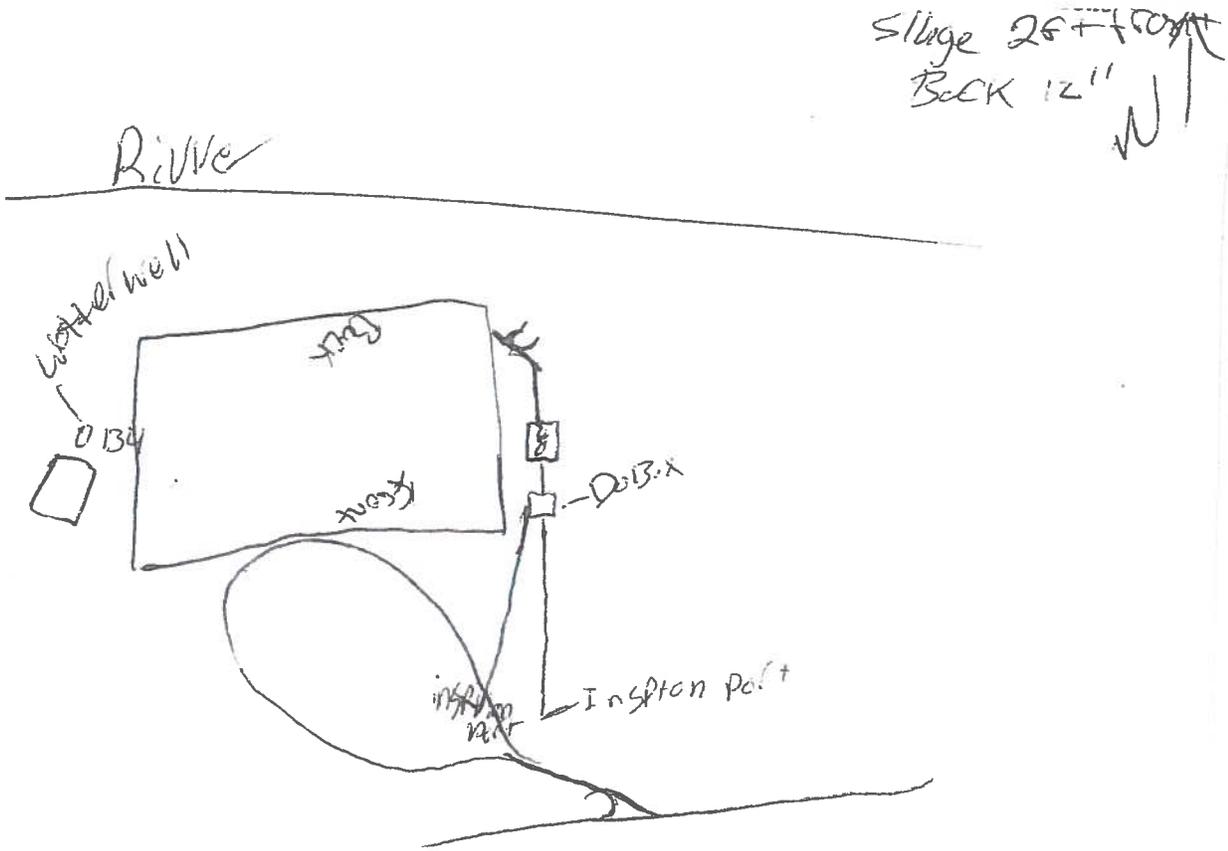
Not Applicable check here if not applicable

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:

Ruidoso Field Office

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 For Permitted Onsite Liquid Waste Systems

Evaluation Criteria <small>(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)</small>			Circle One <small>You must circle one for each item or this form will be considered incomplete</small>	
1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES*	NO
2	Septic Tank/ Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO**
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO**
4	Setbacks and Clearances	Does the system appear to meet all setbacks and clearances?	YES	NO**
5	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**
6	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***	NO
7	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? <i>(Required for All ATSS)</i>	YES	NO** <i>(N/A)</i>

Evaluator Recommendations <small>Circle All that Apply</small>	Liquid waste system appears to be functioning properly <input type="checkbox"/> Septic Tank Needs Replacement <input type="checkbox"/> Septic Tank Needs Repairs <input type="checkbox"/> Disposal System Needs Replacement/Expansion or Repairs <input type="checkbox"/> ATS Needs Replacement, Maintenance /Repairs <input type="checkbox"/>
Comments (describe any problems with the system and any repairs made): 	

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.

Colin Cannon
[Signature]
27 April 2016

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.

For systems that do not meet the evaluation criteria specified above (*, ** or *), 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.

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

APR 29 2016

NMED
Ruidoso Field Office