

Bernalillo County
 Office of Environmental Health
 111 Union Square SE, Suite 300
 Albuquerque, NM 87102
 Phone (505) 314-0310
 Fax (505) 314-0470



EHWO _____
Reviewed by _____
Date _____

Wastewater System Evaluation and Inspection Form For Wastewater Operator Permit

Current Property Owner **Future Property Owner** (Date of expected closing _____)

Full Name _____

Phone Number _____ Fax Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____

Location

Site Address _____

Legal Description _____

UPC _____

Zone Atlas Page _____ Lot Size _____ Zoning Designation _____

Number of bedrooms in dwelling _____ Is the dwelling unoccupied (if yes, how long)? _____

Number of persons occupying the dwelling: Currently _____ Anticipated _____

Original Septic System (yes or no) _____ Is there regular trash pickup (yes or no) _____

Date of system installation _____ Date of last pumping _____

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

List any system repairs _____

Has another company evaluated the system recently? Yes No

 If so, did it pass inspection? Passed inspection Failed inspection

County Wastewater Permit Number: _____

Are there other wastewater sources on the property? _____

Is this evaluation part of a real estate transaction? Yes No

Note: An operating permit will be issued to the owner listed on this page of the application. The purchaser of the property must submit this application with their information within 30 days of closing to obtain an operator permit.

Source of Water

Individual or Shared Well County Well Permit Number _____

Public Water Supply System Name and Acct. # _____

Hauled Water Water Source Name _____

The foregoing information and the attached documentation are true and correct to the best of my knowledge.

Owner's Printed Name _____ Date _____

Owner's Signature _____

System Evaluator

Company Name _____
Evaluator Name _____ Phone Number _____
NAWT Registration Number _____ Expiration Date _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____ Fax Number _____

Wastewater (Septic) System

System type: Conventional Alternative (type) _____
Total wastewater flow on the property (GPD) _____

Conventional Treatment (Septic Tank) Unit

Tank Depth (from ground surface to top of the tank) _____
Structural integrity of the tank OK Inadequate
Tank size in gallons _____ Tank Material _____
Tank manufacturer _____
Tank certification number _____
Baffle material: Inlet _____ Center _____ Outlet _____
Effluent Filter: No Yes (Brand) _____
Additional Information _____

Alternative Treatment Unit (ATU)

Manufacturer _____ Model _____
Is the unit functioning properly Yes No
Maintenance Provider _____
Maintenance Contract Expiration Date _____ Date of last maintenance visit _____
 Maintenance visits and reports attached.
Note: The new owner of the ATU must submit a copy of the maintenance contract signed by the new owner to BCOEH upon transfer of ownership.

Disposal System

Trenches Number of trenches _____ Trench Width _____ Depth of gravel below pipe _____
 Chambers Type and number: _____
 Bed Size: _____
 Seepage Pit Size: _____
 Drip Type and size: _____
 Other: _____
Drainfield area in square feet _____
Does the system contain a pump No Yes: Pump type _____
Additional information: _____

Evaluation Procedure

Located, accessed, and opened the tank covers: Yes No: Reason _____

Checked water level in tank, sludge and scum level, baffles: Yes No: Reason _____

Pumped out tank(s): Yes No: Reason _____

Note: Never enter a tank.

Checked for backflow from the outlet pipe back into the tank: Yes No: Reason _____

Cleaned existing effluent filter or installed effluent filter: Yes No: Reason _____

Checked the tank for cracks, infiltration, deterioration, and damage: Yes No: Reason _____

Used GPS receiver to record tank location: Yes No: Reason _____

Checked tank and disposal field setback distances: Yes No: Reason _____

Note: Setback distances to well, structures, property lines, etc. should be shown on the **attached site plan.**

Inspected disposal field area for moisture, odor, or effluent: Yes No: Reason _____

Probed disposal field to determine location and size: Yes No: Reason _____

GPS Location of the Tank

GPS receiver make and model _____

Datum NAD27 NAD83 WGS84 Other _____

Coordinate System UTM Decimal Degrees State Plane NM Central (feet)

Other _____

X coordinate (West Longitude) _____

Y coordinate (North Latitude) _____

Note: This section must be completed or the application will be rejected and no operating permit will be issued.

Tank Inspection Summary

Holding tank No Yes Holding tank permit _____ Alarm _____

Tank structural integrity Good Fair Poor: Reason _____

Are riser lids at grade Yes No Are lids secure Yes No Were risers installed Yes No

Number of risers _____ Diameter of risers _____

Note: Risers are required and must be extended to grade. The riser lids must be secured.

Pump Inspection Summary

Does the pump work Yes No Is there an alarm Yes No Does the alarm work Yes No

Pump tank structural integrity Good Fair Poor: Reason _____

Is the pump elevated off the tank bottom Yes No Is there a check valve and purge hole Yes No

Do the electrical components appear satisfactory Yes No Did you clean the pump Yes No

Disposal Field Inspection Summary

Is there evidence of previous failure Yes No Is there visible seepage Yes No

Is there lush vegetation over the field Yes No Is there ponding Yes No

Is there even distribution of effluent in the field Yes No

Is there a gray water system Yes No

 If yes: Surface discharge Yes No Is there disinfection Yes No

 Is there a permit Yes No Permit number _____

Overall Inspection

Is the tank acceptable Yes No

Comments: _____

Is the treatment unit acceptable Yes No N/A

Comments: _____

Is the pump acceptable Yes No N/A

Comments: _____

Is the disposal field acceptable Yes No N/A

Comments: _____

Is the overall system acceptable Yes No

Note: The system cannot be rated acceptable if any of the components are unacceptable.

Comments

This form must be accompanied by the following:

- A site plan drawn to a scale of 1 inch equals 20 feet showing:
 - Location of all system components
 - Location of surrounding wells
 - Property Boundaries
 - Structures
- Maintenance agreement for alternative systems
- Management plan for primary treatment systems
- A copy of the Zone Atlas page with the property identified

The foregoing information and the attached documentation are true and correct to the best of my knowledge. My signature indicates that I performed the inspection to the required standards and that all my entries are accurate.

Inspector's Printed Name _____ Date _____

Inspector's Signature _____