

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



cabm

Date NMED Received: 9/26/14

NMED Processing Number: TA140173C

NMED Use Only: Call 758-6808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 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:

Fallon John + Geraldine MAILING ADDRESS: Street/PO Box, City, State, Zip Code 351 Fairview Avenue East Seattle WA 98102

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

26287 May 64 East SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 1081 146 143 200 N2 TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV

INSTALLER'S NAME & FIRM: PHONE:

MAILING ADDRESS: Street/PO Box City State Zip Code

ID License No./Class MM-1 MM-98 MS-1 MS-3 Homeowner

PERMIT APPLICATION (instructions available on request) Application is for: New Permit Registration - existing unpermitted system Modification of an existing system ATS ownership transfer Existing Permit No.(if applicable):

WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd) A. Proposed liquid waste system use and design flow: Single family residence 1 no. of bedrooms 150 gpd Multiple family units no. of units; no. bedrooms per unit Seasonal residence Commercial/Institutional (type): gpd Other (type): Fixture units: gpd B. Are there other sewage sources on this property? Yes No 375 gpd TOTAL WASTEWATER FLOW ON PROPERTY - 525 gpd

SITE INFORMATION A. Lot Size: 6.88 Acres Date of Record: 10/25/04 (nearest 0.01 acre) (Plot Date or Subdivision Date) Ownership and lot size documentation attached: Warranty deed Property tax receipt Recorded survey Recorded plat Other, specify:

B. Depth from Ground Surface to: Seasonal High Water Table 20ft feet Bedrock, Caliche, Tight Clay 25ft feet Gravel, Cobbles, Highly permeable soil 25ft feet C. Soil Description: USDA Soil Class Methodology & Verification Submitted? 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 X Yes No X Type II= 2 sf/gal/day D. Domestic Water Source: On-site Off-site Private Public Shared Irrigation well, or flood irrigated area on lot? Yes No State Engineer Well Permit #: R6 30294 Name of Public Water System:

IV. SYSTEM DESIGN Experimental System A. Treatment Unit: Septic tank Manufacturer: Capacity: Certification No: ATS (Advanced Treatment System) Secondary Tertiary Sand filter Disinfection Other (specify): Manufacturer: Model: Voluntary ATS B. Disposal System: Trench Leaching Bed Seepage Pit Privy Holding tank Elevated Bed Wisconsin Mound Vault Lined Evapotranspiration (ET) Bed Unlined ET Bed Irrigation Low pressure dosed Drip Gray water Other (specify): Materials: Pipe & Gravel Gravelless (type): Distribution box: Yes No C. Minimum required absorption area: AR x Q = SQ FT (AR - Application Rate) (Q - Design Flow) Trench or Bed width = ft. Gravel depth below pipe = ft. Total Trench or Bed Length = Length of Trenches = (1); (2); (3); (4) Number of Gravelless Units = Proposed Absorption Area of System = SQFT D. Depth from ground surface to bottom of absorption area = ft.

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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, wat 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

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.

Print Name _____
Ernest R. Lopez _____
Signature Date Installer Date
9/26/14 _____
 Owner Owner's Authorized Representative Owner's Authorized Representative and Contractor

NMED USE ONLY

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

A permit for **CONSTRUCTION ONLY** of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied NMED Permit to Construct No. _____

Permit Conditions or Reasons for Denial: _____

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 prior to the inspection.
If you have questions call: _____

II. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:

The system described above: was inspected by NMED Contractor photo inspection authorized

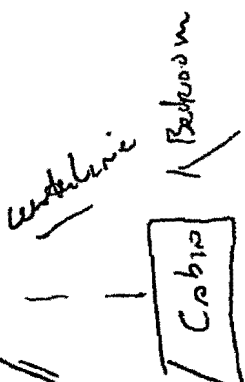
NMED Inspection History NMED Representative Date

A permit for **operation** of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied NMED Permit to Operate No. _____

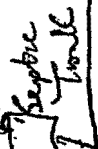
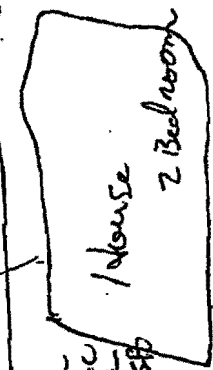
Conditions of Approval: _____
[Signature] _____
NMED Representative Date 9/26/14

John Fallon
Site Plan
TA140173C

150ft
125ft
100ft



Electric Property Line



TA140173

Drainage Job

Drainage
TA99063

Drainage

US 64

Property Line

100ft

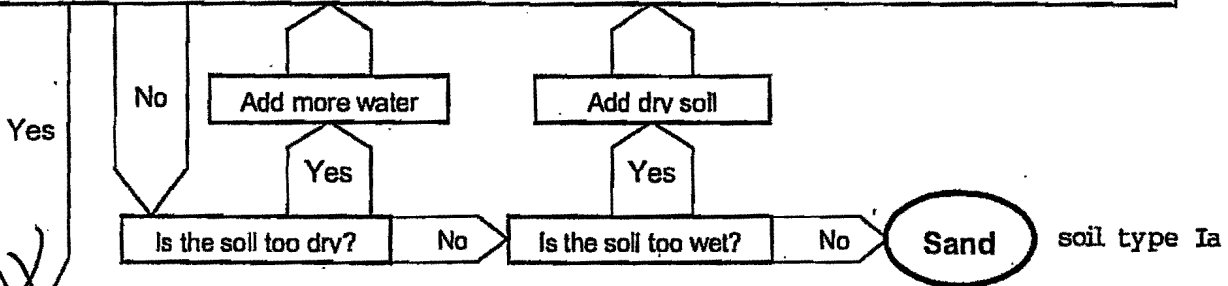
40ft

Soil Texture by Feel

Test conducted by Daniel R. Gonzalez

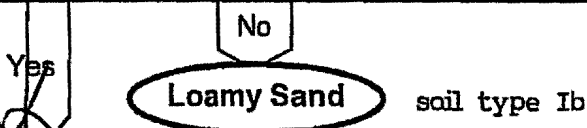
Start: Place soil in palm of hand. Add water drop-wise and knead the soil into a smooth and plastic consistency, like moist putty.

Does the soil remain in a ball when squeezed?

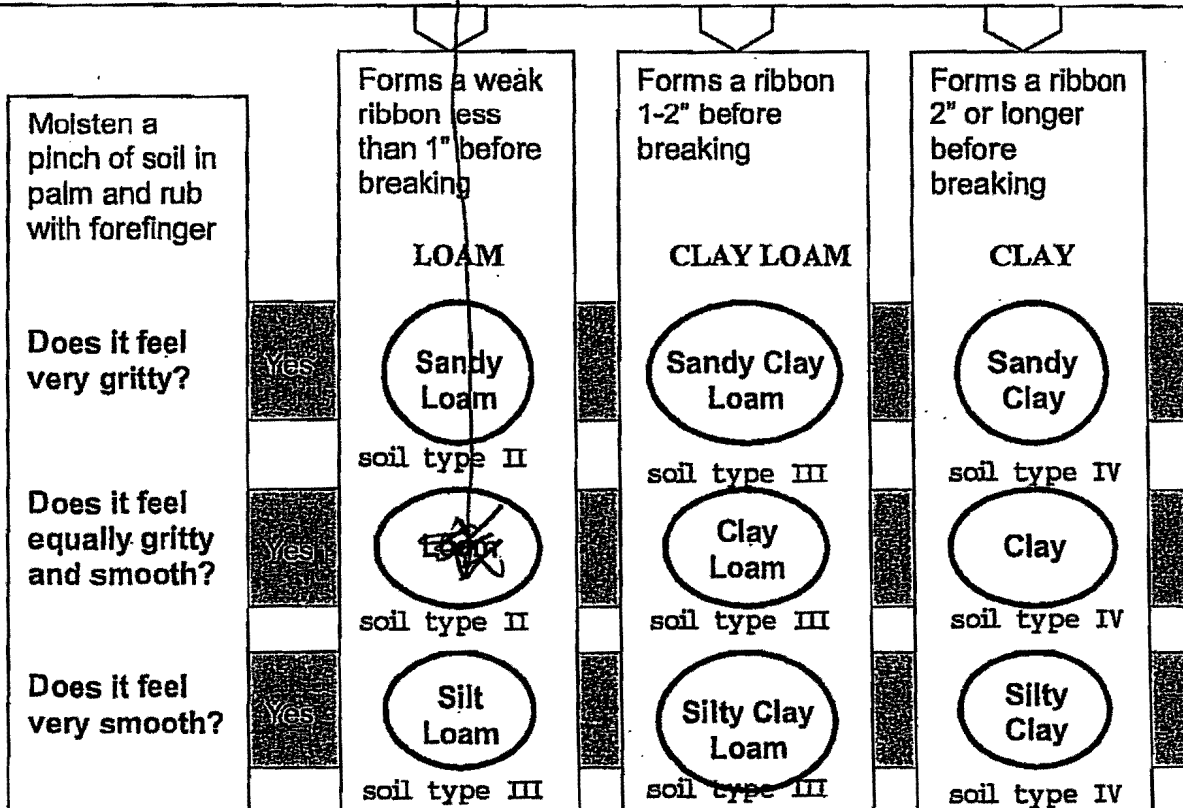



Place ball of soil between thumb and forefinger, gently pushing the soil between with the thumb, squeezing it upward into a ribbon. Form a ribbon of uniform thickness and width. Allow ribbon to emerge and extend over the forefinger, breaking from its own weight.

Does the soil form a ribbon?




What kind of ribbon does it form?





REQUEST FOR LIQUID WASTE PERMIT SEARCH



REQUESTOR'S NAME: Paul Romero		TELEPHONE #: 575 758 0080	Date Submitted: 3/5/15		
E-mail address: PR0METH@C2I-SUCCESS.COM		ALTERNATE TELEPHONE OR FAX #: 575 758 5677	Date Results Requested:		
REQUESTOR'S MAILING ADDRESS (if you want the information to be mailed):			Method of Fax		
YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Have you searched for the permit at our website at (http://www.nmenv.state.nm.us/fod/LiquidWaste/dbasegateway.html)? Please attempt a web based search for your convenience and prompt access to the information.			
<p>1. First attempt to search by entering the UPC#. Any property recently entered into the database will have a UPC #.</p> <p>2. If the previous attempt fails, search for the complete address first to include the city. If you get no results to match your property begin reducing the amount of information you input.</p> <p>2. For example if your address is "1000 Camino de Marquez" the first search will include the entire name and city. Your second search might be "Marquez" accompanied by the correct city. Sorting through a long list of results may help you narrow your search.</p> <p>4. Additional search attempts may be completed using a combination of the city and the following in order; Subdivision, Lot, Tract, Section, Township and Range.</p> <p>5. If the previous attempts fail complete this form and deliver, e-mail, fax, or mail to your local field office for assistance.</p> <p>6. If no permit is found to match your property description, the system will be considered as an "unpermitted system" and must be registered.</p>					
Please attach or detail your search criteria or results from the website here or attach any printouts. We are asking for this information so that we do not duplicate failed search criteria below:					
SYSTEM OWNERSHIP, LOCATION, ADDRESS Please provide as much information as possible for an accurate search, ALL NAME(S) OF ORIGINAL OWNERS, PREVIOUS OWNERS, AND CURRENT OWNER; BUILDERS. PLEASE PROVIDE ALTERNATIVE SPELLINGS FOR NAMES AND STREETS WHERE APPLICABLE					
Owner Status	Name (include alternative spellings)	STREET ADDRESS, ROUTE, ETC	City	Zip	
Current	CREATIVE AND SHERYL HARLOING	210287 HWY 64E TAOS, NM 87571			
Previous					
Original Builder					
Installer					
Property Description / Data	ACRES (0.01) 6.82	YEAR INSTALLED:	UPC# (13 DIGIT) 1081 146 143 200		
	BLOCK	UNIT / PHASE	SUBDIVISION		
	LOT	TRACT	UNIT	TOWNSHIP	RANGE
NAMED RECEIVED BY:		NAMED RESPONSE SENT VIA (CIRCLE ONE)			
DATE STAMP:		<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> In-Person <input type="checkbox"/> Call <input type="checkbox"/> Mail			
PERMIT (S) FOUND:		NAMED STAFF: D.I.F.K.			

District I
 Albuquerque (District Office)
 District Mgr. Ed Chavez
 3500 San Antonio Dr. NE
 (505) 222-8500
 Fax - (505) 722-9520
 Gallup
 908 Main Avenue
 (505) 722-4100
 Fax - (505) 863-7664
 Grants
 900 Mount Taylor Road
 (505) 287-3546
 Fax - (505) 287-3845
 Clovis
 100 E. Main Ave, Unit 3
 (575) 762-3726
 Fax - (575) 769-3227
 Los Lunas
 1082 Main St, Suite C
 (505) 242-6200
 Fax - (505) 641-5284
 Rio Rancho
 4333 Jaguar Drive NE, Suite B
 (505) 771-5333
 Fax - (505) 771-8811
 Socorro
 288 Neal Avenue
 (575) 833-1267
 Fax - (575) 833-1267
 Tucuman
 PO Box 1081 / 113 W Center
 (575) 481-8771
 Fax - (575) 461-1064
 District II
 Santa Fe (District Office)
 District Mgr. Robert Italiano
 3540 Camino Edward Drive
 (505) 427-1840
 Fax - (505) 427-1825
 Espanola
 712 La Joya Street
 (505) 768-7286
 Fax - (505) 758-2840
 Farmington
 3400 Mainline Drive, Ste 9000
 (505) 580-8741
 Fax - (505) 866-8787
 Tular
 545 Ray Road
 Suite B
 (575) 756-6666
 Fax - (575) 724-9881
 Raton
 1277A South Second Street
 (575) 445-3021
 Fax - (575) 445-3376
 Las Vegas
 2538 Highrunner Road
 (505) 454-2800
 Fax - (505) 425-9894
 District III
 Las Cruces (District Office)
 District Mgr. Michael Massey
 1170 N Salado Drive, Suite M
 (575) 574-6300
 Fax - (575) 526-3821
 Alamogordo
 1015 Cuba Avenue
 (575) 437-7113
 Fax - (575) 494-1813
 Deming
 405 East Florida Street
 (575) 549-1494
 Fax - (575) 546-9678
 Carlsbad
 406 N. Gandalaria, Suite C
 (575) 881-9023
 Fax - (575) 887-9283
 Silver City
 3083 32nd Street By-Pass
 Road, Suite D
 (575) 888-2884
 Fax - (575) 387-3258
 Roswell
 1814 W. Second
 (575) 874-6044
 Fax - (575) 824-2023
 Hobbs
 1923 North Del Paso St.
 (575) 891-2889 ext. 4131
 Fax - (575) 893-8884
 Ruidoso
 1218 E. Main, Bldg 2
 (575) 254-2772
 Fax - (575) 258-6881

PLEASE FAX COPY OF PERMIT # TA140173