

APPLICATION FOR A LIQUID WASTE PERMIT

NMED	Permit	Number	: 1	401	0187	
TITIE			-	-	-	-

NMED Inspection Required No Yes, Call	for Appointment Date NMED Received:
SYSTEM OWNER'S NAME: Last, First, MI. Home Phone: Business Phone: Vernow, Susan 751 - 6709 758-4777 MAILING ADDRESS: Street/PO Box, City, State, Zip Code 5303 NDCRU Taos 0.1%. 87571	B. Depth from Ground Surface to: Seasonal High Water Table Bedrock, Caliche, Tight Clay
SYSTEM LOCATION: Street Address/Location - give directions to site County:	C. Soil Description: (NMED may require both texture description and percolation rate)
SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE Township Range Section QTR QTR QTR LATITUDE LONGITUDE 26 nov th 13 cst 31 INSTALLER'S NAME & FIRM: Descheet M. Black Penders Builder 579-711683 MAILING ADDRESS: Street/PO Box, City State, Zip Code To Box 534 Po. Box 305 Decom 1405 Vm 81527 CID License No./ Certification MM-1 MM-98 MS-1 MS-3 Homeowner	Texture: Coarse sand or gravel; (give percolation rate below) Sand; (give percolation rate below) Sand; (give percolation rate below) Sandy Loam; Clay Loam; Clay Loam; Other; (describe) Soil Percolation Rate: Don-site Private Public Shared
I. PERMIT APPLICATION (Instructions on back of pink copy) A. Proposed Liquid Waste System is for: Replacement of an existing system B. Manufactured Housing (mobile) Yes No C. Proposed System is: Conventional Mound Holding Tank Evapotranspiration Other; Describe: II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd) A Proposed liquid waste system use and design flow:	Irrigation Well or Flood Irrigated Area on the lotYesNo SYSTEM DESIGN A. Treatment Unit: Septic Tank Capacity Gallons Gallons
✓ Single family residence with	B. Disposal System: Trench Bed Seepage Pit Mound Evapotraspiration Other, specify:
III. SITE INFORMATION A. Lot Size: 1.0 Acres (nearest 0.01 acre) Date of Record: 10/26/1716 (Plat Date or Subdivision Date)	D. Depth from ground surface to bottom of absorption areaft.

V. SITE PLAN: Diagram the lot and liquid waste system. Show setbacks to the objects listed below within 200 feet of system and the direction of groundwater flow. Give distances from:

Treatment Unit to:

Disposal System to:

118'	ft.	Property line _	100	ft.
135		Property line _	140	ft.
39		Buildings _	40	ft.
45		Structures	40	ft.
181	ft.	Wells	190	ft
8	ft.	Irrigation _	p	ft
0	ft.	Arroyos	Ø	ft
75	ft.	Surface water_	75	ft

	220.98.	9
	135'	
1	Like with House	7
197.95	441	6. 6 9
(Tank	
10.0'	Disposal Traval	
1		
	320.63	

the New Mexico Liquid Waste Disposal Reg	ulations. Obtaining this p	permit does not
relieve me from the responsibility of obtaining	ng any permit required by	state, city or
county regulation of ordinance or other requi	irements of state or federa	al law.
Aritism to ass	7/1/01	
		-
Signature V	Date	
Owner Contractor	Other	
VII. NMED PERMIT A permit for consystem described herein is h	ereby:	
Granted Granted subject		Denied
Franted with the condition	on that its i	nspected
before cover-up,		
been e cool q,		
NMED Representative W. Kir. NOTE: This permit may be canceled for fail failure to complete the system within one ye incomplete information; or for failure to not If you have questions call:	ear; for providing inaccurations of the system	n specified; rate or m is completed.
NMED Inspection History NN	MED Representative	Date
FAILEN REINED REQUIRED	WER	8/8/01
FALLED REMISE REQUIRED OK TO COVER	WCK	8/15/01
		/ /
VIII. NMED FINAL APPROVAL:	/	
The system described above	vas was not insp	ected.
Weline	8/15/	01
NMED Representative	, ,	Date

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VI. The foregoing information is correct and true to the best of my knowledge. I

understand that 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

