



APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

Date NMED Received: 9/20/13

NMED Processing Number: TA130174C

NMED Use Only: Call 1 2 3 4 5 6 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: \$100.00
Permit Approved for (circle one): 1 Multiple dwellings 2 Other: 3

SYSTEM OWNER'S NAME: Shardian Eleana Lays, First, MI

Home Phone: 970-218-4102 Business Phone:

MAILING ADDRESS: Street/PO Box 20 Dickson Rd Lawrence City KS State KS Zip Code 66044

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions) Lawrence, KS, 66044, Lawrence County

SUBDIVISION None UNIT/PHASE None BLOCK None LOT/TRACT None

UNIFORM PROPERTY CODE: 107445180167

TOWNSHIP 25N RANGE 13E SECTION 32 QTR QTR QTR QTR LATITUDE 37° 13' 32" LONGITUDE 95° 13' 32" ELEV 1325

INSTALLER'S NAME & FIRM: Unknown PHONE: None

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

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

I. PERMIT APPLICATION (Instructions available upon request)

Application is for: New Permit Registration - existing unpermitted system
Modification of an existing system ATS ownership transfer
Existing Permit No. (if applicable): None

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

A. Proposed liquid waste system use and design flow:
1 Single family residence 3 no. of bedrooms 375 gpd
0 Multiple family units 0 no. of units; 0 no. bedrooms per unit 0 gpd
0 Seasonal residence 0 gpd
0 Commercial/Institutional (type): 0 gpd
0 Other (type): 0 Fixture units: 0 Yes 0 No 0 gpd

B. Are there other sewage sources on this property? 0
TOTAL WASTEWATER FLOW ON PROPERTY 375 gpd

III. SITE INFORMATION

A. Lot Size: 2.0 Acres Date of Record: 1988
(nearest 0.01 acre) (Plat Date or Subdivision Date)
Ownership and lot size documentation attached: Warranty deed Property tax receipt
Recorded survey Recorded plat Other, specify:

IV. SYSTEM DESIGN

A. Treatment Unit:

1 Septic tank 0 Voluntary ATS 0 Other (specify): None
Manufacturer: Shires Capacity: 1,000
ATS (Advanced Treatment System) 0 Secondary 0 Tertiary 0 Sand fill

B. Disposal System:

1 Trench 0 Leaching Bed 0 Seepage Pit
0 Vault 0 Holding tank 0 Elevated Bed 0 Wisconsin Mound
0 Irrigation 0 Lined Evapotranspiration (ET) Bed 0 Unlined ET Bed
0 Other (specify): 0 Low pressure dosed 0 Drip 0 Gray water

C. Minimum required absorption area:

Materials: 1 Pipe & Gravel 0 Gravelless (type): 0
Distribution box: 1 Yes 0 No
AR 0 x 0 = 0 SQ FT
(AR - Application Rate) (Q - Design Flow)

D. Depth from ground surface to bottom of absorption area = 0 ft.

B. Depth from Ground Surface to:

Seasonal High Water Table 20ft feet
Bedrock, Caliche, Tight Clay 10ft feet
Gravel, Cobbles, Highly permeable soil 10ft feet

C. Soil Description:

USDA Soil Class Methodology & Verification Submitted? 0 Yes 1 No
Type Ia=1.25 sf/gal/day 0 Type Ib=2 sf/gal/day 0 Type II=2 sf/gal/day
Type III=2 sf/gal/day 0 Type IV=5 sf/gal/day 0

D. Domestic Water Source:

1 On-site 0 Off-site 0 Private 0 Public 1 Shared
Irrigation well, or flood irrigated area on lot? 0 Yes 1 No
State Engineer Well Permit #: 0
Name of Public Water System: 0

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 Processing Number: TA130174 C

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

V1. 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: Dennis Fernandez Date: 9/20/13
Signature: [Signature] Date: 9/20/13
Owner: [Signature] Owner's Authorized Representative and Contractor
Installer: Rodman Sepic Date: 9/20/13

VII. 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. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:

~~PERM~~ A permit for CONSTRUCTION ONLY of the liquid waste disposal system described herein is hereby: Granted
Permit Conditions or Reasons for Denial: _____
NMED Permit to Construct No. _____

~~PERM~~ Roxanne Spaski NMED Representative Date: 9/20/13

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: _____

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:
The system described above: was inspected by NMED Contractor photo inspection authorized

~~PERM~~ Inspection History: Inspected NMED Representative: Roxanne Spaski Date: 9/20/13

A permit for operation of the liquid waste disposal system described herein is hereby: Granted
NMED Permit to Operate No. TA130174C

Conditions of Approval: Roxanne Spaski Date: 9/20/13
NMED Representative



SUSANA MARTINEZ
Governor

State of New Mexico
ENVIRONMENT DEPARTMENT
Field Operations Bureau
Taos Field Office
105 B Bertha
Taos, New Mexico 87571
Telephone (575) 758-8808
Fax (575) 758-9851
www.nmenv.state.nm.us



DAVE MARTIN
Secretary

BUTCH TONGATE
Deputy Secretary

FRANK FIORE
Acting Division Director

TRANSFER OF OWNERSHIP INSPECTION WAIVER APPLICATION

For use when an inspection has been performed on a permitted or registered liquid waste system within the last 180 days, or a system that has been inspected, but has been unoccupied for up to one year since the inspection.

GENERAL (To be completed by Owner, General Building Contractor or Authorized Representative):

*Owner BRANCE CLARE-SMITHSON Phone 303-448-1525
 *Mailing Address PO Box 2645 City LYONS State CO Zip 80540
 *Site Address 22 NICKEL RD Lot Size 2 A
 Property: Township 25N Range 13E Section 32
 Subdivision _____ Unit No. _____ Block No. _____ Lot No. _____
 *Liquid Waste Permit # TA1301740 Uniform Property Code _____
 Date of Last Inspection/Inspector Name ROXANE SKASKI / 9/20
 Reason the system has not been in use, if applicable _____

Liquid Waste Contractor name DENNIS FERNANDEZ Date 9/20/2013
 (Print) CID License Number _____

*Applicant Signature [Signature]

This waiver 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 effect the proper operation of a liquid waste system, NMED disclaims any warranty, either expressed or implied, arising from the inspection and evaluation of the wastewater system or this inspection waiver. This waiver is invalid if any modifications have been made to the liquid waste system since the original inspection, including changes in the design flow.

The NEW MEXICO STATE ENVIRONMENT DEPARTMENT may verify the above information.

NMED Review: Accepted Not Accepted
 Date of initial inspection: 9/20/13
 This waiver is valid for: 180 days from initial inspection, or 1 year from initial inspection
 Reviewed by: ROXANE SKASKI Date 9/23/13