



BILL RICHARDSON
Governor

State of New Mexico
ENVIRONMENT DEPARTMENT

Field Operations Division
Administrative Office
525 Camino De Los Marquez, Suite 1
Santa Fe, New Mexico 87505
Telephone (505)476-8600
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RON CURRY
Secretary

CINDY PADILLA
Deputy Secretary

ANA MARIE ORTIZ
Director

To Whom It May Concern:

Enclosed is a copy of liquid waste permit. The system is now approved for use as an on-site liquid waste disposal system as required by the New Mexico Liquid Waste Disposal Regulations. The permit provides details about your system including tank location and field layout. Please retain the permit in your permanent records.

Adequate planning will enhance your future options. Should you modify your system in the future i.e. the size of your lot decreases, or the total design flow for the lot increases (addition of bedrooms, guesthouses, etc.) repermitting of the system will be required to determine it's compliance under the current Liquid Waste Disposal Regulations.

Also included is the information sheet titled "The Care and Feeding of Your Septic Tank". It outlines the care and maintenance needed to keep your septic system functioning. Special care should be taken to avoid flushing household hazardous chemicals into the waste system. Drain cleaners, toilet bowl cleaners, chlorine bleach and other chemicals marked *caustic* or *poison* can, in large quantities, create problems in your septic tank.

Check the tank annually and plan to have it pumped out every 3-5 years.

Planting grass seed on the disturbed soil will help prevent erosion. Avoid driving over the tank or the field. Building decks, driveways or other permanent structures over any part of the system may cause the septic system to fail.

If you have questions or concerns, please do not hesitate to call this office at 758-8808.

Sincerely,
New Mexico Environment Department
Taos Field Office



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA060243

NMED Inspection Required No Yes, Call 758-8808 for Appointment Date NMED Received: _____

SYSTEM OWNER'S NAME: Benita Linda L. Home Phone: 623-561-0353 Business Phone: _____
MAILING ADDRESS: 21725 N 92nd Ave Corra, Ar City, 85382 State, AZ Zip Code, 85382
SYSTEM LOCATION: #12 Mill Rd El Valle Escandido Street Address/ Location - give directions to site County: _____
Lot 170

SUBDIVISION _____ BLOCK LOT _____ UNIFORM PROPERTY CODE 1-085-146-191-082
TOWNSHIP RANGE SECTION QTR QTR QTR QTR LATITUDE LONGITUDE

INSTALLER'S NAME & FIRM: _____ PHONE: _____
Dave Mathew Crystal Custom Builders 758-8278
MAILING ADDRESS: P.O. Box 372 Sanders de Taos, N.M. City, N.M. State, 87557 Zip Code
CID License No./ Certification 61507 MM-1 MM-98 MS-1 (MS-1) Homeowner

I. PERMIT APPLICATION (Instructions on back of pink copy)
A. Proposed Liquid Waste System is for: New construction
 Replacement of an existing system Modification to 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:
300 gpd Single family residence with 2 no. of bedrooms
0 gpd Multiple family units; 1 no. of units; 2 no. bedrooms per unit
0 gpd Other (type) _____ Flow sizing units _____

B. Are there other sewage sources on this property? Yes No
TOTAL WASTEWATER FLOW ON PROPERTY - 300 GPD

III. SITE INFORMATION
A. Lot Size: 1.28 Acres (nearest 0.01 acre) Date of Record: 3-23-64
(Plat Date or Subdivision Date)

Note: Replacing cesspool that was installed in 1960's

B. Depth from Ground Surface to:
Seasonal High Water Table 100 feet
Bedrock, Caliche, Tight Clay 54 feet
Gravel, Cobbles, Highly permeable soil 107 feet

C. Soil Description: (NMED may require both texture description and percolation rate)
Texture: _____
 Coarse sand or gravel; (give percolation rate below)
 Sand; (give percolation rate below) Fine Sand
 Sandy Loam; Loam; Silty Loam;
 Clay Loam; Clay;
 Other; (describe) _____

Soil Percolation Rate: _____ min/inch (attach percolation test record)

D. Domestic Water Source: On-site Off-site;
 Private Public Shared
Irrigation Well or Flood Irrigated Area on the lot: Yes No

IV. SYSTEM DESIGN

A. Treatment Unit:
 Septic Tank Capacity 1000 Gallons
Manufacturer: Slicks Certification No.: _____
 Other (specify): _____

B. Disposal System: Trench Bed Seepage Pit Mound
 Evapotranspiration Other, specify: _____
Materials: Pipe and gravel Gravelless (specify) _____

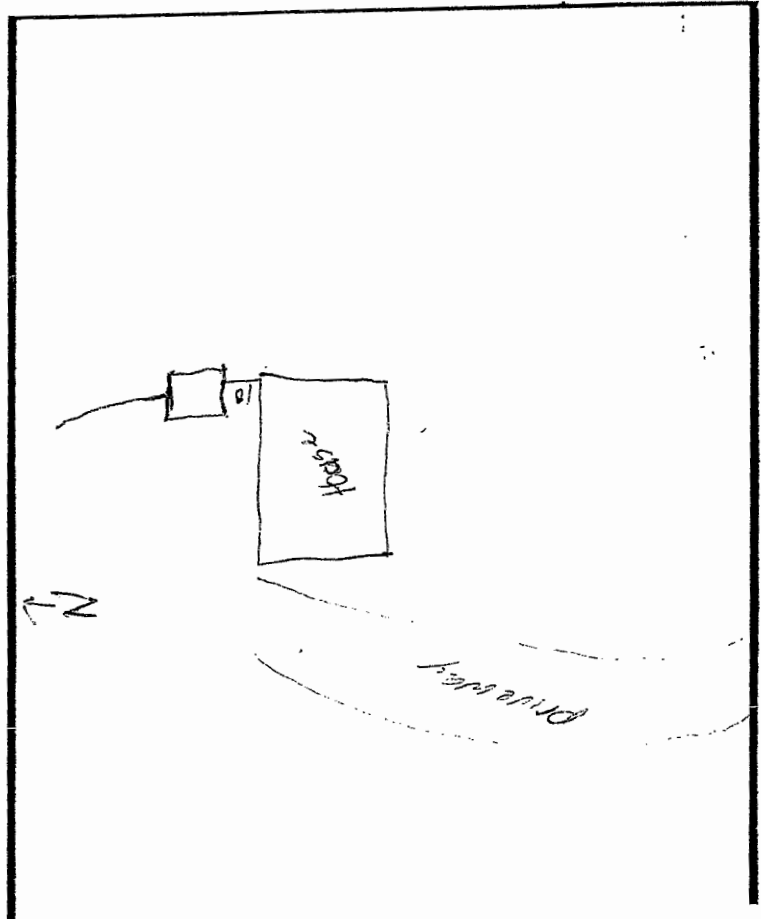
C. Minimum required absorption area 600 square feet
Trench or Bed width 2 ft. Gravel depth below distribution pipe 3 ft.
Total Trench or Bed length 50 EACH Number of trenches: 2
Number of gravelless units total of 23

D. Depth from ground surface to bottom of absorption area 5 ft.

RECEIVED
JUN 01 2006
N.M. ENVIRONMENT DEPT
DISTRICT 11
TAOS FIELD OFFICE

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: |
|--------------------|---------------------|
| ft. Property line | ft. Property line |
| ft. Property line | ft. Property line |
| ft. Buildings | ft. Buildings |
| ft. Structures | ft. Structures |
| ft. Wells | ft. Wells |
| ft. Irrigation | ft. Irrigation |
| ft. Arroyos | ft. Arroyos |
| ft. Surface water | ft. Surface water |



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 the New Mexico Liquid Waste Disposal 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: [Signature] Date: 6-21-06
 Owner: [Signature] Contractor: [Signature] Other: [Signature]

VII. NEMED PERMIT A permit for construction of the liquid waste disposal system described herein is hereby:

Granted Granted subject to conditions Denied
 Conditions: will require inspection prior to cover Reasons for Denial:

EDel NEMED Representative 21 June 06 Date
WCKing NEMED Representative 6/23/06 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 NEMED that the system is completed. If you have questions call: _____

NEMED Inspection History NEMED Representative Date
SITE INST. OK TO COVER WCK 6/30/06

VIII. NEMED FINAL APPROVAL:

The system described above was not inspected.

WCKing NEMED Representative 6/30/06 Date



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



NMED Permit No: TAC60243 Applicant's Name: SENDA, LINDA Address: #17 MILL RD
VALLE ESCONDIDO
 Type of Inspection: INITIAL FINAL REINSPECTION COMPLAINT OTHER

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 1000 SILVA
 - 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 Branch Extending 12" Minimum Below Liquid Level;
 - g. Effluent Filter Installed, Riser to Grade
 - h. Tank & Fillings 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 Grade, Diameter, Secure Lids & Coated
 - m. Tank installed per Manufacturer's Instructions
 - n. Advanced Treatment Unit installed per Manufacturer's Instructions
 - o. Water Tightness Test Conducted
 - p. Water Softener Discharge Bypassing ATU
 - q. 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, properly set and located
 - d. Manholes, Risers, Lids Correct and Water Tight

5. TEE/DISTRIBUTION BOX/HEADER

- a. 4" Diameter
- b. Tee Level/Header
- 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; Equal Flow 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 Verified
 - b. Correct Clearance to Ground Water or Limiting Layer

Additional comments: _____

- c. Correctly sized disposal area
 - d. Correct Setbacks
 - 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; 2-hole, 4" Minimum Diameter, End Caps
 - k. Aggregate Covered with Approved Material
 - l. Pipe Covered with Geotextile Fabric in Place of Aggregate
 - m. Inspection Port(s), Capped
 - n. 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
 - f. Locking or secured lid

Other Disposal Methods:

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

7. ON-SITE WELL MEASUREMENTS

- a. Nitrate-N: _____ (mg/L)
- b. Iron: _____ (mg/L)
- c. Fluoride: _____ (mg/L)

8. GIS COORDINATES

Well: lat _____ long _____
 Elev _____
 Sys: lat 36 21 927 long 105 23 106
 Elev 8572

9. COMMENTS/VIOLATIONS

Continued on attached Sheet(s)
OK TO COVER

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

10. Final Approval
 Granted Not Granted

WPK/WRB 6/30/06
 NMED Inspector, Date

I certify that this liquid waste system was installed in accordance with the permit approved by NMED, unless otherwise noted in Comments Section above.

Installer, _____ Date _____

OK - If installed and meets Requirements
 NI - Not inspected
 N/A - Not applicable
 N/C - Not Compliant
 N/V - Not Verified
 N/P - As Proposed
 N/T - Not Tested EX - Existing

ZONING CLEARANCE TRACKING SHEET

Applicant Name: Linda L. Serda

Date Submitted: _____

Accepted by: _____

Application Number: _____

| | | | |
|--------------------------|-----------------------------------|--|----------------------|
| <input type="checkbox"/> | Site Plan/Plat | Contact: Taos County Planning Dept. | 737-6440 |
| <input type="checkbox"/> | Plans | Contact: Taos County Planning Dept. | 737-6440 |
| <input type="checkbox"/> | Excavation Permit | Contact: Taos County Planning Dept. | 737-6440 |
| <input type="checkbox"/> | Well Permit | Contact: Office of the State Engineer | 827-6161 |
| <input type="checkbox"/> | Septic Permit | Contact: NM Environmental Improvement Div. | 758-8808 |
| <input type="checkbox"/> | Solid Waste Clearance | Contact: Taos County Solid Waste | 737-6337 |
| <input type="checkbox"/> | Property Info - Assessor's Office | Contact: Taos County Assessor | 737-6360 |
| <input type="checkbox"/> | Driveway Permit | Contact: Taos County Public Works or NM Dept. of Transportation | 737-6470 758-2133 |

| Zoning Clearance Complete | By | Date |
|---|---|---------------------|
| <input type="checkbox"/> | _____ Taos Co. Office of Emergency Management 737-6465 | _____ |
| <input checked="" type="checkbox"/> Floodplain Complete | By <u>[Signature]</u> | Date <u>7-11-05</u> |
| <input type="checkbox"/> EP Permit Needed? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Issued | By _____ | Date _____ |
| <input checked="" type="checkbox"/> Addressing Complete | By <u>[Signature]</u> 10 ⁰⁰ FEE | Date <u>7-11-05</u> |
| <input type="checkbox"/> Valuation Complete | By _____ | Date _____ |
| <input type="checkbox"/> Plans Check Complete | By _____ | Date _____ |
| <input type="checkbox"/> PAYMENT RECEIVED | By _____ | Date _____ |
| <input type="checkbox"/> Permit Issued | By _____ | Date _____ |
| <input type="checkbox"/> Final Inspection Complete | By _____ | Date _____ |
| <input type="checkbox"/> CO Issued | By _____ | Date _____ |
| <input type="checkbox"/> APPLICATION DENIED* | By _____ | Date _____ |

Issues Impeding Approval: _____

*REASON FOR DENIAL: _____