

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



APR 16 2014
CHATTWOOD

Date NMED Received: _____

NMED Processing Number: TA140051

NMED Use Only:
Call 758-8806 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 100.00
Permit Approved for (circle one): 2 3 4 5 6 Bedrooms Multiple dwellings Other:

SYSTEM OWNER'S NAME: Last, First, MI Gilbert, Richard P. Home Phone: 575-776-3187 Business Phone: _____

MAILING ADDRESS: Street/PO Box 70 Box 671 City Arroyo Hondo State N.M. Zip Code 87513

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)
64-C Hondo / Seco Rd. Arroyo Hondo N.M 87513
SUBDIVISION _____ UNIT/PHASE _____ BLOCK _____ LOT/TRACT _____

UNIFORM PROPERTY CODE: 1070157057081
TOWNSHIP _____ RANGE _____ SECTION _____ QTR QTR QTR LATITUDE _____ LONGITUDE _____ ELEV _____

INSTALLER'S NAME & FIRM: Roadrunner Septic Service PHONE: 575-770-0016
MAILING ADDRESS: Street/PO Box 70 Box 1597 City Ranchos De Taos State N.M. Zip Code 87557
CID License No./Class MM-1 MM-98 MS-1 MS-3 Homeowner
No.: 369197

I. 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): _____

II. 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 _____ gpd
 Seasonal residence _____ gpd
 Commercial/Institutional (type): _____ gpd
 Other (type): _____ Fixture units: _____ gpd
B. Are there other sewage sources on this property? Yes No 450 gpd
TOTAL WASTEWATER FLOW ON PROPERTY - 600 gpd

III. SITE INFORMATION
A. Lot Size: 16.19 Acres Date of Record: 2005
(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: ILR

B. Depth from Ground Surface to:
Seasonal High Water Table 100+ feet
Bedrock, Caliche, Tight Clay 10 feet
Gravel, Cobbles, Highly permeable soil 10 feet
C. Soil Description:
USDA Soil Class Methodology & Verification Submitted? Yes No
 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
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 #: _____
Name of Public Water System: See notes

IV. SYSTEM DESIGN
_____ Experimental System
A. Treatment Unit:
 Septic tank Manufacturer: Silvos Capacity: 1,000
Certification No: _____
 ATS (Advanced Treatment System) Secondary Tertiary Sand fil
 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 150 x Q 2 = 300 SQ FT
(AR - Application Rate) (Q - Design Flow)
Trench or Bed width = 2'0" ft.
Gravel depth below pipe = 3'0" ft.
Total Trench or Bed Length = 43
Length of Trenches = (1) 43; (2) _____; (3) _____; (4) _____
Number of Gravelless Units = _____
Proposed Absorption Area of System = 300 SQFT
D. Depth from ground surface to bottom of absorption area = 5'0" ft.

original permit and no

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NMED Processing Number: TA140051

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

VI. 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, Roadrunner Septic, 4/16/14, Installer, Date: 4/16/14. Signature: [Signature], Date: 4/16/14, Owner's Authorized Representative and Contractor.

NMED USE ONLY

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):

A permit for CONSTRUCTION ONLY of the liquid waste disposal system described herein is hereby: [X] Granted subject to conditions. NMED Permit to Construct No. [Blank]. Permit Conditions or Reasons for Denial: IRRIGATION MUST OCCUR AWAY FROM DRAIN FIELDS

NMED Representative: [Signature], Date: 04/16/14

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: [Blank]

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:

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

NMED Inspection History, NMED Representative, Date

A permit for operation of the liquid waste disposal system described herein is hereby: [X] Granted. NMED Permit to Operate No. TA140051

Conditions of Approval: [Blank]. NMED Representative: [Signature], Date: 06/27/14

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: _____

NMED Processing Number: TA 1400500

NMED Use Only: Call 555 5808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 100.00
Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other:

SYSTEM OWNER'S NAME: Last, First, MI Gilbert Richard Home Phone: 575-776-3187 Business Phone: _____

MAILING ADDRESS-Street/PO Box, City, State, Zip Code
70 Box 671 Arroyo Hondo N.M 87513

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)
64C Hondo/Seco Rd Arroyo Hondo N.M 87513
SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 1070157057081

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV
27N 12E 34

INSTALLER'S NAME & FIRM: _____ PHONE: _____

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

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

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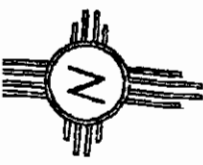
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TA 920005

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(nearest 0.01 acre) (Plat Date or Subdivision Date)
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B. Depth from Ground Surface to:
Seasonal High Water Table 100 feet
Bedrock, Caliche, Tight Clay 10 feet
Gravel, Cobbles, Highly permeable soil 10 feet
C. Soil Description:
USDA Soil Class Methodology & Verification Submitted? Yes No
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
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 #: _____
Name of Public Water System: _____

IV. SYSTEM DESIGN Experimental System
A. Treatment Unit:
Septic tank Manufacturer: UNKNOWN Capacity: 1,000
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
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Proposed Absorption Area of System = _____ SQFT
D. Depth from ground surface to bottom of absorption area = _____ ft.

Unknown

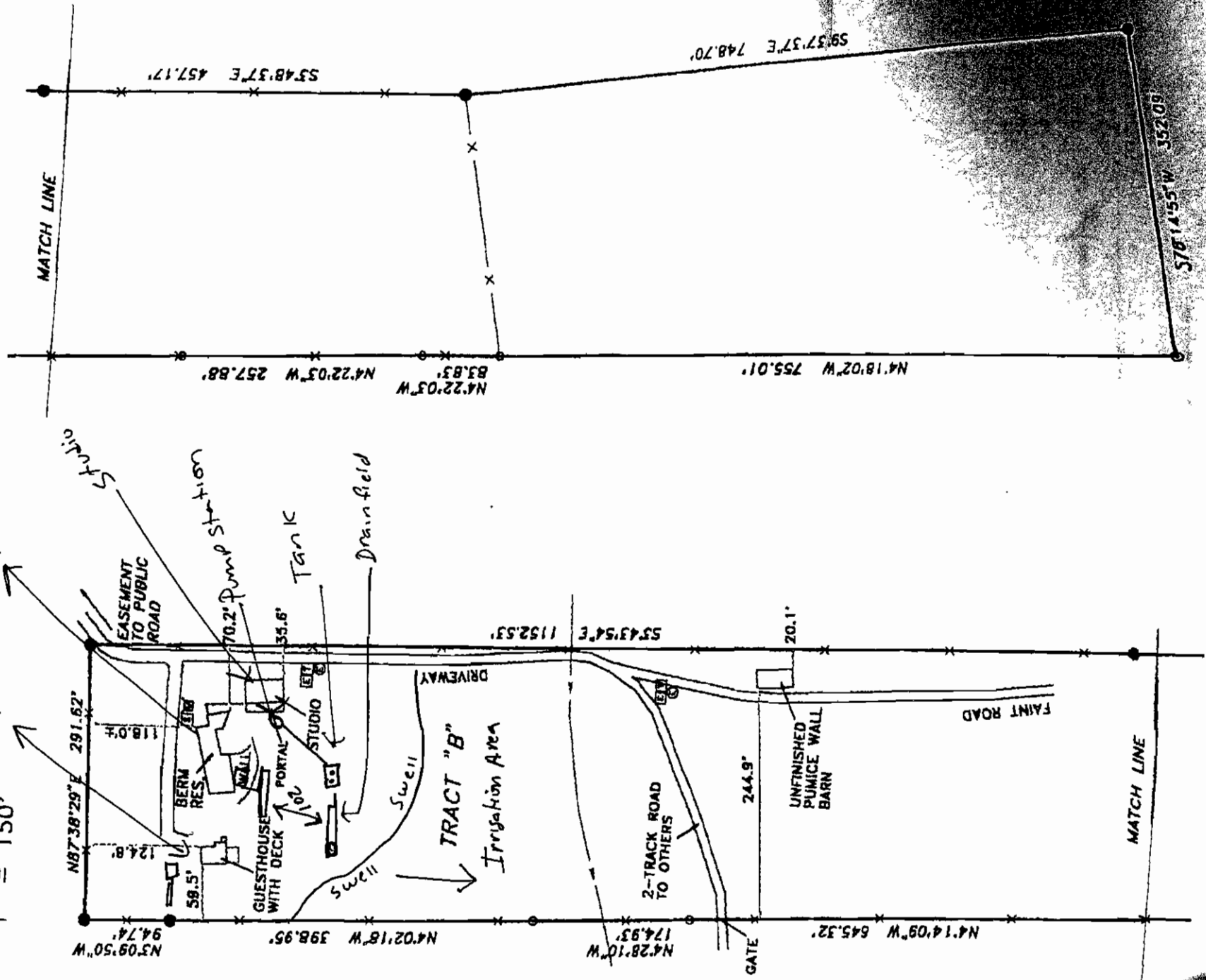


PROPERTY SKETCH

1" = 150'

T A 14 00 S 1

Grant Hwy
T A 14 00 S 0
Main Hwy
T A 92 00 S



J. Ben
ADS Checklist