



**TO INSTALL, MODIFY OR REPLACE
AN INDIVIDUAL WASTE SYSTEM**

CUSTOMER NUMBER

DIRECTIONS: All sections must be filled out completely. You must obtain NMED and CID/MHD permits prior to installing any system.

NMED inspection required: Yes No

Date NMED Received: _____

SYSTEM OWNER'S NAME: Last, First, Middle HOME PHONE BUSINESS PHONE

MAILING ADDRESS - Street/P.O. Box: City, State, Zip Code

LOCATION OF SYSTEM - Street address and directions to site (attach map if needed)

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE

TOWNSHIP RANGE SECTION QTR QTR QTR LONGITUDE LATITUDE

INSTALLER'S NAME & FIRM PHONE

MAILING ADDRESS - Street/P.O. Box, City, State, Zip Code

CID License No. and Certification: MM-1 MM-98 MS-1 MS-3 HOMEOWNER

I. PERMIT APPLICATION (Instructions on back of page)

A. Application is for a: New System Modification Replacement

B. Manufactured Housing (mobile) Yes No

C. System is Conventional Alternative Holding Tank (vault) Other

Describe: _____

D. Includes: Verification of plat date _____ Variance Application: _____ Plans with

Engineer Seal _____ Other _____

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

A. Proposed liquid waste system, use and design flow:

single family: number of bedrooms 3 flow 375 gpd

multiple family: number of units _____ number bedrooms per unit _____

other (type): _____ flow stand units _____

B. Are there other wastewater sources on this property? Yes No

If Yes, flow _____ gpd

TOTAL SEWAGE FLOW ON PROPERTY = 375 GPD

retain white copy, CID/MHD, yellow, homeowner, pink

III. SITE INFORMATION

A. Lot Size 5716 acres or _____ square feet Date of Record _____ plat or subdivision date

B. Check all of the following which appear on property:

Surface water: Rock outcrops Wells

Slope over 15%: Caliche Irrigation areas or ditches

C. Depth from ground surface to:

Top of seasonal High Water Table: 120 feet

Bedrock, caliche, light clay: _____ feet

Gravel, cobbles or highly permeable clay: _____ feet

D. Soil type: (See instructions under III) Site information on back of page 1

Coarse sand or gravel percolation rate: (min./in.)

Fine sand: _____ Sandy loam or Sandy clay

Clay with considerable sand or gravel: _____ Clay with small amount of sand or gravel

Other: percolation rate _____ (min./in.)

E. Water source: On-site Off-site (more than 700 feet from lot)

_____ Private _____ Shared

IV. SYSTEM DESIGN

A. Treatment Unit: Septic Tank Other specify _____

Size 1000 gallons Manufacturer: best

B. Disposal system: Trench Bed Seepage pit

Other: specify _____

Minimum required absorption area: 490 square feet

Trench/Bed dimensions: 81 ft x 81 ft = _____ total square feet

Depth of gravel below/distribution pipe = 1 (in. or ft.)

Gravelless Systems: _____

Seepage Pits: _____

Number of Pits: _____

Width _____ ft Length _____ ft Depth _____ ft Absorption area _____ sq. ft.

Depth of inlet pipe below ground _____ ft

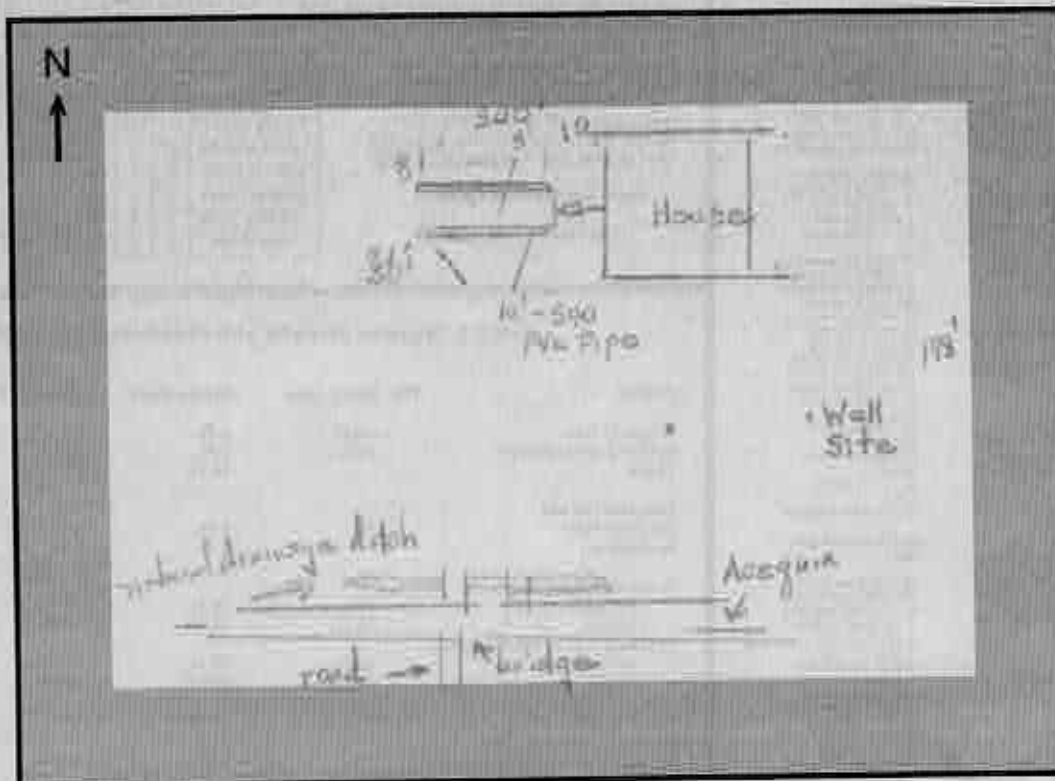
Distance from ground surface to bottom of absorption area 3 ft

V. **SITE PLAN.** Use this sheet or attachment. Diagram the lot and the liquid waste system. Show setback distances to objects in Table 3. Include the following landmarks within 200 feet of the system:

- property lines and dimensions of parcel where system is to be located
- proposed and existing buildings, other structures, driveways, waterlines and wells
- location of proposed wastewater system on property with its replacement area
- location of all other wastewater systems on property
- any surface water, streams, irrigation, canals, arroyos, rock outcrops or steeply sloping areas
- direction of groundwater movement

Give distance from the treatment unit to:

Property line _____ ft
 _____ ft
 Building & Structures _____ ft
 Well(s) _____ ft
 Irrigation ditches & areas _____ ft
 Arroyos _____ ft
 Surface water _____ ft
 Rock outcrops _____ ft



Give distance from the disposal system & replacement area to:

Property line _____ ft
 _____ ft
 Building & Structures _____ ft
 Well(s) _____ ft
 Irrigation ditches & areas _____ ft
 Arroyos _____ ft
 Surface water _____ ft
 Rock outcrops _____ ft

NOTICE: Any changes made in design after NMED issues a permit must be approved by NMED prior to installation.

VI. APPLICATION

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 regulations or ordinances or other requirements of state or federal law.

Owner Contractor Other _____ Signature _____ Date 9/25/93

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

granted granted subject to conditions (cite regulations) denied (cite regulations)

Reasons for Conditions or Denial

Failure to meet any conditions specified voids this permit and is subject to enforcement.

 NMED Signature _____ Date 9/25/93

VIII. CID/MHD PERMIT. There is a fee for a CID/MHD permit and inspection. A permit for the construction of the liquid waste permit described herein is hereby:

granted granted subject to conditions (cite regulations) denied (cite regulations)

 CID/MHD Signature _____ Date _____