



APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

Date NMED Received: 11/06/13

See TA970180

NMED Processing Number: TA130202

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

Permit Fee: \$100.00

ITEM OWNER'S NAME: Frank + Barbara Last, First, MI Home Phone: Business Phone:

ADDRESS: 1355 Rancho de Taro City: El Paso State: NM Zip Code: 87557

ITEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)

DIVISION: 33 A Torrez Road (Tolpo) Rancho de Taro UNIT/PHASE BLOCK LOT/TRACT

FORM PROPERTY CODE: 1073 143 250 424 LONGITUDE ELEV

ALTERS NAME & FIRM: Robert's Plumbing + Excavating PHONE: 958-7313

ADDRESS: Box 129 El Paso City: El Paso State: NM Zip Code: 87529

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

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): _____

WASTE/WATER 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): _____ Fixture units: _____ gpd
Other (type): _____ Fixture units: _____ gpd
B. Are there other sewage sources on this property? Yes No
TOTAL WASTE/WATER FLOW ON PROPERTY: 335 gpd TA 930180

SITE INFORMATION
A. Lot Size: 5.37 Acres Date of Record: 1992 (2000)
(least 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: _____

B. Depth from Ground Surface to:
Seasonal High Water Table: 25ft feet
Bedrock, Caliche, Tight Clay: 25ft feet
Gravel, Cobble, Highly permeable soil: 25ft feet

C. Soil Description: USDA Soil Class Methodology & Verification Submitted? Yes No
Type I=1.25 sf/gal/day Type II=2 sf/gal/day Type III=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

A. Treatment Unit: Septic tank Manufacturer: Graco's Plumbing Capacity: 1000
Certification No: 98-08-321A
ATS (Advanced Treatment System) Secondary Tertiary Sand filter
Distinction: _____ Other (specify): _____

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): _____

C. Minimum required absorption area:
Materials: Type & Gravel Gravelless (type): _____
Distribution box: Yes No

AR 2 x 0 = 150 SQ FT
(AR - Application Rate) (Q - Design Flow)
Trench or Bed width = 2 ft
Gravel depth below pipe = 21.95 ft
Total Trench or Bed Length = 45 ft
Number of Trenches = (1) 45 ; (2) 45 ; (3) 45 ; (4) 45

D. Depth from ground surface to bottom of absorption area = 215 SQ FT
5 ft