



RECEIVED FOR A LIQUID WASTE PERMIT OR REGISTRATION

DISC04

Date NMED Received:

SEP 30 2010

AW-ENDED

NMED Processing Number:

TA100193

NMED Use Only:

Call 778-8808

to schedule an inspection a minimum of 2 working days prior to the inspection.

Permit Fee:

\$75.00

Permit Approved for (circle one):

1 2 3 4 5 6

Multiple dwellings

SYSTEM OWNER'S NAME:

Last, First, MI

Home Phone:

Business Phone:

Hamilton Susan & Walter, Sandra 575-790-4278

MAILING ADDRESS: Street/PO Box

#14 Irish Rd Ranchos de Taos NM 87567

City State Zip Code

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

#14 Irish Rd Taos

SUBDIVISION

Vista Linda

UNIT/PHASE

Block

LOT/TRACT

18-C

UNIFORM PROPERTY CODE:

1-070-195-348-082

TOWNSHIP

RANGE

SECTION

QTR QTR QTR QTR

LONGITUDE

ELEV

INSTALLER'S NAME & FIRM:

Waste Water Specialist

PHONE:

505-745-9575

MAILING ADDRESS: Street/PO Box

6216 Cielo Grande Dr

City

Rio Rancho NM

State

ZIP

87141

CD License No./Class

354000

MM-1

MS-1

MS-3

Homeowner

I. PERMIT APPLICATION (Instructions available on request)

Application is for:

New Permit

Registration - existing unpermitted system

Existing Permit No. (if applicable):

TA95326

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

A. Proposed liquid waste system use and design flow:

Single family residence

4 no. of bedrooms

Multiple family units

no. of units;

no. bedrooms per unit

gpd

Seasonal residence

Commercial/Institutional (type):

Other (type):

Fixture units:

Yes

No

gpd

gpd

gpd

B. Are there other sewage sources on this property?

TOTAL WASTEWATER FLOW ON PROPERTY -

450

gpd

gpd

gpd

gpd

gpd

III. SITE INFORMATION

A. Lot Size: 1.247 Acres

Date of Record: July 1988

Plat Date or Subdivision Date

Ownership and lot size documentation attached:

Recorded survey

Recorded plat

Property tax receipt

IV.

SYSTEM DESIGN

A. Treatment Unit:

Septic tank

Manufacturer:

Existing

Experimental System

Capacity: 1200

ATS (Advanced Treatment System)

Disinfection

Other (specify):

Secondary

Tertiary

Sand filter

Manufacturer:

Consolidated

Model:

Model: Model 600

B. Disposal System:

Voluntary ATS

Privy

Holding tank

Leaching Bed

Seepage Pit

Wisconsin Mound

Vault

Lined Evapotranspiration (ET) Bed

Unlined ET Bed

Other (specify):

600 gal Pump Tan 4 Norwesco

Gray water

Materials:

Pipe & Gravel

Gravelless (type):

Geo Flow leaching Bed

Distribution box:

Yes

No

C. Minimum required absorption area:

AR

2

Q

450

=

900

SQFT

irrigation

Bed

308 off

(AR - Application Rate)

Trench or Bed width =

18" (Q - Design Flow)

ft.

100

ft.

100

ft.

100

ft.

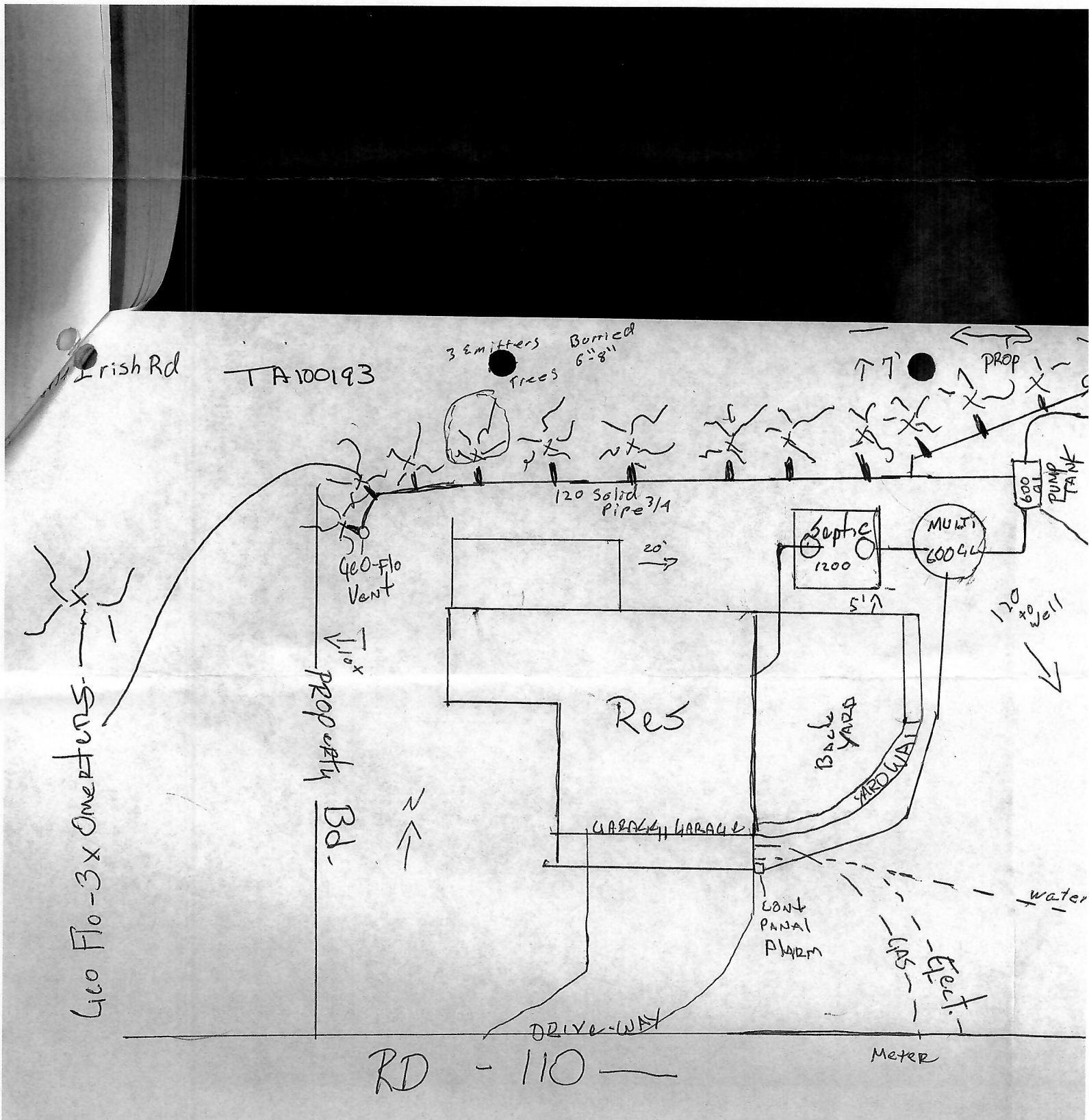
100

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

6' ft.

Irrigation; Time Dose for Trees, plants

Pump; M & 35 3/4 Horse 35 gal/min.





BILL RICHARDSON  
Governor

State of New Mexico  
ENVIRONMENT DEPARTMENT  
Environmental Health Division  
District II-Taos Field Office  
105 B Bertha Suite B/P.O. Box 208  
Taos, NM 87571  
Telephone (575) 758-8808  
Fax (575) 758-9851  
[www.nmenv.state.nm.us](http://www.nmenv.state.nm.us)



RON CURRY  
Secretary

CARLOS ROMERO  
Director

## LIQUID WASTE PERMIT INVOICE/RECEIPT

LW PERMIT NO. TA100193  
OWNERS NAME: Susan Hamilton & Sandra Walker  
OWNERS ADDRESS: 14 Irish Rd  
PROPERTY ADDRESS: 14 Irish Rd

### TYPE OF FEE

CONVENTIONAL - \$100

CONVENTIONAL MODIFICATION / REPAIR - \$50

COMMERCIAL CONSTRUCTION MODIFICATION / REPAIR - \$150.00

ADVANCED or ALTERNATIVE CONSTRUCTION - \$150

X ADVANCED or ALTERNATIVE MODIFICATION / REPAIR - \$75

Re-INSPECTION - \$50

VARIANCE - \$50

PAYMENT RECEIVED FROM: Waste Water Specialist

PAYMENT AMOUNT: \$75.00

CHECK OR MO #: 5702

PAYMENT RECEIVED BY: Vigil

DATE: 9/30/10





STATE OF NEW MEXICO  
ENVIRONMENT DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
**ONSITE LIQUID WASTE SYSTEM INSPECTION**  
Revised 07/08



NMED Permit No: TA102193 Applicant's Name Hamilton/Walker  
Address 4141 Irish  
Type of Inspection: ☐ INITIAL ☐ FINAL ☒ REINSPECTION ☐ COMPLAINT ☐ OTHER

**1. BUILDING SEWER**

- a. ☐ Correct Size and Material 20.7.3.813.C  
b. ☐ Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813.B  
c. ☐ Pipe at Correct Grade (1/8" to 1/4" per foot) 20.7.3.813.A

**2. PRE-TREATMENT**

- a. ☐ Type: \_\_\_\_\_  
b. ☐ Installed as per Plans or Manufacturer's Instructions 20.7.3.401.I  
c. ☐ Other: \_\_\_\_\_

**3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT**

- Type ☐ Concrete ☐ Plastic/Fiberglass ☐ Sec./Tert. Treatment Unit  
a. ☐ Located as per Site Plan 20.7.3.401.I  
b. ☐ Correct Setbacks 20.7.3.302, Table 302.1  
c. ☐ Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4  
d. ☐ Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7  
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 & Fittings 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 \_\_\_\_\_ long \_\_\_\_\_

9. Elev \_\_\_\_\_

**COMMENTS/VIOLATIONS**

☐ Continued on attached Sheet(s)

OK to clear up

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

**10. Final Approval**

☒ Granted ☐ Not Granted

NMED Inspector, \_\_\_\_\_

Date \_\_\_\_\_

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

Installer, \_\_\_\_\_

Date \_\_\_\_\_

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





STATE OF NEW MEXICO  
ENVIRONMENT DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
**ONSITE LIQUID WASTE SYSTEM INSPECTION**

Revised 07/08



NMED Permit No: TA100193 Applicant's Name Hamilton Walker

Address 114 Irish St

Type of Inspection: ☐ INITIAL ☒ FINAL ☐ REINSPECTION ☐ COMPLAINT ☐ OTHER

**1. BUILDING SEWER**

- a. NI Correct Size and Material 20.7.3.813.C  
b. NI Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813.B  
c. NI Pipe at Correct Grade (1/8" to 1/4" per foot) 20.7.3.813.A

**2. PRE-TREATMENT**

- a. EX Type: EX.isting silvers Tank  
b. EX Installed as per Plans or Manufacturer's Instructions 20.7.3.401.I  
c. NA Other:

**3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT**

- Type ☐ Concrete ☐ Plastic/Fiberglass ☒ Sec./Tert. Treatment Unit  
a. OK Located as per Site Plan 20.7.3.401.I  
b. OK Correct Setbacks 20.7.3.302, Table 302.1 N36.35236  
c. OK Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4 W105.64981  
d. OK Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7 E10P 6951  
e. OK Inlet / Outlet Pipes Sealed & Watertight  
f. OK Inlet / Outlet Baffle or Tee with Branch Extending 12" Minimum Below Liquid Level  
g. NA Effluent Filter Installed, Riser to Grade  
h. EX Tank & Fittings Correctly Vented  
i. NA Concrete Tank: Coated & Material Correct OR Type V Concrete  
j. OK Outlet Pipe Correct Size & Material  
k. OK Manholes Correctly Sized & Located  
l. OK Manhole Risers at Grade, Diameter, Secure Lids & Coated  
m. OK Tank Installed per Manufacturer's Instructions  
n. OK Advanced Treatment Unit Installed per Manufacturer's Instructions  
o. NA 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. OK Correct Size  
b. OK Inlet/Outlet Sealed Correctly  
c. OK Pump(s) & Alarms installed on separate circuits, properly set and located  
d. OK Manholes, Risers, Lids Correct and Water Tight

**5. TEE/DISTRIBUTION BOX/HEADER**

- a. OK 4" Diameter  
b. OK Tee Level/Header  
c. NA "D" Box Level and on Concrete Slab or Stable Soil  
d. NA "D" Box Inlet Baffled and 1" Above Outlets  
e. NA "D" Box Outlets at Same Height; Equal Flow to Outlets  
f. OK 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. OK Soil Type Verified  
b. OK Correct Clearance to Ground Water or Limiting Layer

Additional comments:

- c. OK Correctly sized disposal area 120'x10'  
d. OK Correct Setbacks 50'x50'  
e. OK Excavation at Correct Grade  
f. OK Correct Spacing Between Trenches or Beds  
g. OK Smeared Soils Not Present on Trench or Bed  
h. OK Correct Aggregate; Type, Size, Clean and Amount  
i. NA Correct Depth of Aggregate Above and Below Pipe  
j. OK Correct Pipe; 2-hole, 4" Minimum Diameter, End Caps  
k. OK Aggregate Covered with Approved Material  
l. NA Pipe Covered with Geotextile Fabric in Place of Aggregate  
m. OK Inspection Port(s), Capped  
n. NA Other:

**Seepage Pits:**

- a. OK Underside of lid coated; riser provided as required  
b. OK Domed covers covered with minimum 2" concrete  
c. OK Brick or block laid end to end with staggered tight joints  
d. OK Side wall inlet properly vented  
e. OK Inlet/outlet fittings sealed  
f. OK Locking or secured lid

**Other Disposal Methods:**

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

**ON-SITE WELL MEASUREMENTS**

- a. OK Nitrate-N: \_\_\_\_\_ (mg/L)  
b. OK Iron: \_\_\_\_\_ (mg/L)  
c. OK Fluoride: \_\_\_\_\_ (mg/L)

**8. GIS COORDINATES**

- Well: lat N36.35255 long W105.64941  
Elev 6951  
Sys: lat N36.35230 long W105.64985  
Elev 6941

9.

**COMMENTS/VIOLATIONS**

- ☐ Continued on attached Sheet(s)  
Reinspection Required.  
5000  
See circled numbers  
☐ Installation Approved  
☐ Installation Approved w/conditions (See Comments/Violations)  
☒ Installation Not Approved (See Comments/Violations)

10.

**Final Approval**

- ☐ Granted ☐ Not Granted

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  
N/I - Not inspected A/P - As Proposed  
N/C - Not Compliant N/V - Not Verified  
N/A - Not applicable N/T - Not Tested EX - Existing



BILL RICHARDSON  
Governor

State of New Mexico  
ENVIRONMENT DEPARTMENT  
Environmental Health Division  
District II-Taos Field Office  
105 B Bertha Suite B/P.O. Box 208  
Taos, NM 87571  
Telephone (575) 758-8808  
Fax (575) 758-9851  
[www.nmenv.state.nm.us](http://www.nmenv.state.nm.us)



RON CURRY  
Secretary

CARLOS ROMERO  
Director

LIQUID WASTE PERMIT INVOICE/RECEIPT

LW PERMIT NO. TA100193  
OWNERS NAME: Susan Hamilton & Sandra Walker  
OWNERS ADDRESS: 14 Irish Rd  
PROPERTY ADDRESS: 14 Irish Rd

TYPE OF FEE

CONVENTIONAL - \$100

CONVENTIONAL MODIFICATION / REPAIR - \$50

COMMERCIAL CONSTRUCTION MODIFICATION / REPAIR - \$150.00

ADVANCED or ALTERNATIVE CONSTRUCTION - \$150

X ADVANCED or ALTERNATIVE MODIFICATION / REPAIR - \$75

Re-INSPECTION - \$50

VARIANCE - \$50

PAYMENT RECEIVED FROM: Waste Water Specialist

PAYMENT AMOUNT: \$75.00

CHECK OR MO #: 5702

PAYMENT RECEIVED BY: Vigil

DATE: 9/30/10





RECEIVED APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

Date NMED Received:

SEP 30 2010

AMENDED

NMED Processing Number:

TA100193

NMED Use Only:

Call 758-8808

to schedule an inspection a minimum of 2 working days prior to the inspection.

Permit Fee: \$75.00

Multiple dwellings

Other:

SYSTEM OWNER'S NAME: Last, First, MI

Home Phone:

Business Phone:

Hamilton Susan & Walter, Sandra 575-770-4278

MAILING ADDRESS: Street/PO Box

City

State

Zip Code

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

#14 Irish Rd Taos

SUBDIVISION

Vista Linda

UNIT/PHASE

BLOCK

LOT/TRACT

UNIFORM PROPERTY CODE:

1-070-195-348-082

TOWNSHIP

20N

RANGE

12E

SECTION

34

QTR QTR QTR

LATITUDE

LONGITUDE

ELEV

INSTALLER'S NAME & FIRM:

Waste Water Specialist

PHONE:

505-795-4575

MAILING ADDRESS: Street/PO Box

6216 Cielo Grande Dr

City

Rio Rancho NM

State

ZIP

CID License No./Class

354000

MM-1

MM-98

MS-1

MS-3

Homeowner

I. PERMIT APPLICATION (Instructions available on request)

Application is for:

New Permit

Registration - existing unpermitted system

Existing Permit No. (if applicable):

TA95326

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

Multiple family units

no. of units;

no. bedrooms per unit

Seasonal residence

Commercial/Institutional (type):

Other (type):

Fixture units:

Yes

No

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

B. Are there other sewage sources on this property?

Yes

No

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

gpd

III. SITE INFORMATION

A. Lot Size: 1.247 Acres

Date of Record: July 1989

(nearest 0.01 acre)

Plat Date or Subdivision Date

Ownership and lot size documentation attached:

Recorded plat

Warranty deed

Other, specify:

Property tax receipt

IV.

SYSTEM DESIGN

A. Treatment Unit:

Septic tank

Manufacturer:

Existing

Experimental System

Capacity: 1200

Certification No:

ATS (Advanced Treatment System)

Disinfection

Other (specify):

Model: Melle Po 600

GP

Manufacturer:

Voluntary ATS

Disinfection

Other (specify):

Model: Melle Po 600

GP

B. Disposal System:

Privy

Holding tank

Leaching Bed

Elevated Bed

Seepage Pit

Wisconsin Mound

Unlined ET Bed

Gray water

Vault

Lined Evapotranspiration (ET) Bed

Low pressure dosed

X Drip

Materials:

Pipe & Gravel

Gravelless (type):

600 Gal Pump Ten 4 Horse

leaching Bed

Other (specify):

600 Gal Pump Ten 4 Horse

leaching Bed

600 Gal Pump Ten 4 Horse

leaching Bed

600 Gal Pump Ten 4 Horse

leaching Bed

600 Gal Pump Ten 4 Horse

leaching Bed

Distribution box:

Yes

No

gpd

gpd

gpd

gpd

gpd

gpd

C. Minimum required absorption area:

AR

2

x

Q

450

=

900

SQFT

SQFT

(AR - Application Rate)

18" (Q - Design Flow)

508 OFE

TOTAL 1630

leaching Bed

6' x 10' x 10'

6' x 10' x 10'

6' x 10' x 10'

6' x 10' x 10'

Trench or Bed width =

18" x 10'

100

Length of Trenches =

(1) 50'; (2) 50'; (3) 50'; (4) 50'

Number of Gravelless Units =

10

1204 V

1204 V

Proposed Absorption Area of System =

700

SQFT

6'

6'

6'

6'

6'

6'

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

6'

6'

6'

6'

6'

6'

6'

6'

Irrigation Time Dose for Trees, Plants  
Pump, M & 35 3/4 Horse 35 Gal/min.

NMED Processing Number:

1A100193

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

1. 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 John Len Damm SR

Signature John Len Damm SR Date 9-30-10

Owner Owner's Authorized Representative

II. 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 USE ONLY

A permit for CONSTRUCTION ONLY of the liquid waste disposal system described herein is hereby:

☐ Granted ☒ Granted subject to conditions ☐ Denied

Permit Conditions or Reasons for Denial:

GIS notes received prior to cover - must note in 805.

ED NMED Representative 30 Sept 2010 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 NMED to schedule an inspection, a minimum of 2 working days prior to the inspection.

If you have questions call: 758-8808

III. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:

The system described above: ☐ was inspected by NMED ☐ Contractor photo inspection authorized

NMED Inspection History NMED Representative Date

A permit for operation of the liquid waste disposal system described herein is hereby:

☐ Granted ☐ Granted subject to conditions ☐ Denied

Conditions of Approval:

NMED Representative Date



#14 Irish Rd

T A100193

Geo Flo - 3x Omertens

RD - 110

DRIVEWAY

METER

PROP

PROPERTY BD.

Res

Back Yard

Garage

WALL

Cont Panel

Gas Elect.

Well

Geo-Flo Vent

120 Solid 3/4

20'

30psi 1200

5'N

MULTI

1000

50ft

52 Flow

10SP. post

3 emitters per tree 6" 8"

7'

PROP

Push Valve

10SP. post

Time Dose Pump is sized for Future Irrigation 3/4 1/2 3/4 5 strokes Variable Speed Pressure

COPY

120 x 1/2

water



STATE OF NEW MEXICO  
ENVIRONMENT DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
**ONSITE LIQUID WASTE SYSTEM INSPECTION**  
Revised 07/08



NMED Permit No: TA100193 Applicant's Name Hamilton/Walker  
Address 4141 Irish Dr  
Type of Inspection: ☐ INITIAL ☐ FINAL ☒ REINSPECTION ☐ COMPLAINT ☐ OTHER

**1. BUILDING SEWER**

- a. ☐ Correct Size and Material 20.7.3.813.C  
b. ☐ Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813.B  
c. ☐ Pipe at Correct Grade (1/8" to 1/4" per foot) 20.7.3.813.A

**2. PRE-TREATMENT**

- a. ☐ Type: \_\_\_\_\_  
b. ☐ Installed as per Plans or Manufacturer's Instructions 20.7.3.401.I  
c. ☐ Other: \_\_\_\_\_

**3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT**

- Type ☐ Concrete ☐ Plastic/Fiberglass ☐ Sec./Tert. Treatment Unit  
a. ☐ Located as per Site Plan 20.7.3.401.I  
b. ☐ Correct Setbacks 20.7.3.302, Table 302.1  
c. ☐ Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4  
d. ☐ Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7  
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 & Fittings 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 \_\_\_\_\_ long \_\_\_\_\_

9. Elev \_\_\_\_\_

**COMMENTS/VIOLATIONS**

☐ Continued on attached Sheet(s)  
OK to color up  
\_\_\_\_\_  
\_\_\_\_\_

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

10. **Final Approval**  
☒ Granted ☐ Not Granted

60010

NMED Inspector, \_\_\_\_\_ Date \_\_\_\_\_

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

6/11/10 10-10-10  
Installer, \_\_\_\_\_ Date \_\_\_\_\_

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