



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA010372

NMED Inspection Required  No  Yes, Call

Date NMED Received: \_\_\_\_\_

SYSTEM OWNER'S NAME: Last, First, MI. McCALEB JG FF Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 MAILING ADDRESS: Street/PO Box, City, State, Zip Code  
P.O. BRAUER DDD TAOS, NM 87571  
 SYSTEM LOCATION: Street Address/Location - give directions to site County:  
20 MELINGRA RD LOWLANDS COLONIAS TAOS

SUBDIVISION \_\_\_\_\_ BLOCK LOT \_\_\_\_\_ UNIFORM PROPERTY CODE \_\_\_\_\_  
 TOWNSHIP RANGE SECTION QTR QTR QTR QTR LATITUDE LONGITUDE

INSTALLER'S NAME & FIRM: Chc's BSPINOZA PHONE: 758 9836  
 MAILING ADDRESS: Street/PO Box, City, State, Zip Code  
HC 68 Box 172 TAOS NM 87571  
 CID License No./ Certification 030044 MM-1 MM-98 MS-1 MS-3 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:  
 Single family residence with 3 no. of bedrooms 370 gpd  
 Multiple family units; \_\_\_ no. of units; \_\_\_ no. bedrooms per unit \_\_\_ gpd  
 Other (type) \_\_\_\_\_ Flow sizing units \_\_\_\_\_ gpd

B. Are there other sewage sources on this property? Yes  No   
 TOTAL WASTEWATER FLOW ON PROPERTY = 375 GPD

III. SITE INFORMATION  
 A. Lot Size: 2.5 Acres (nearest 0.01 acre)  
 Date of Record: 5/11/01  
 (Plat Date or Subdivision Date)

B. Depth from Ground Surface to:  
 Seasonal High Water Table 90+ feet  
 Bedrock, Caliche, Tight Clay \_\_\_\_\_ feet  
 Gravel, Cobbles, Highly permeable soil \_\_\_\_\_ 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: 10 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: Ernest Plumbing Certification No.: \_\_\_\_\_  
 \_\_\_ Other (specify): \_\_\_\_\_

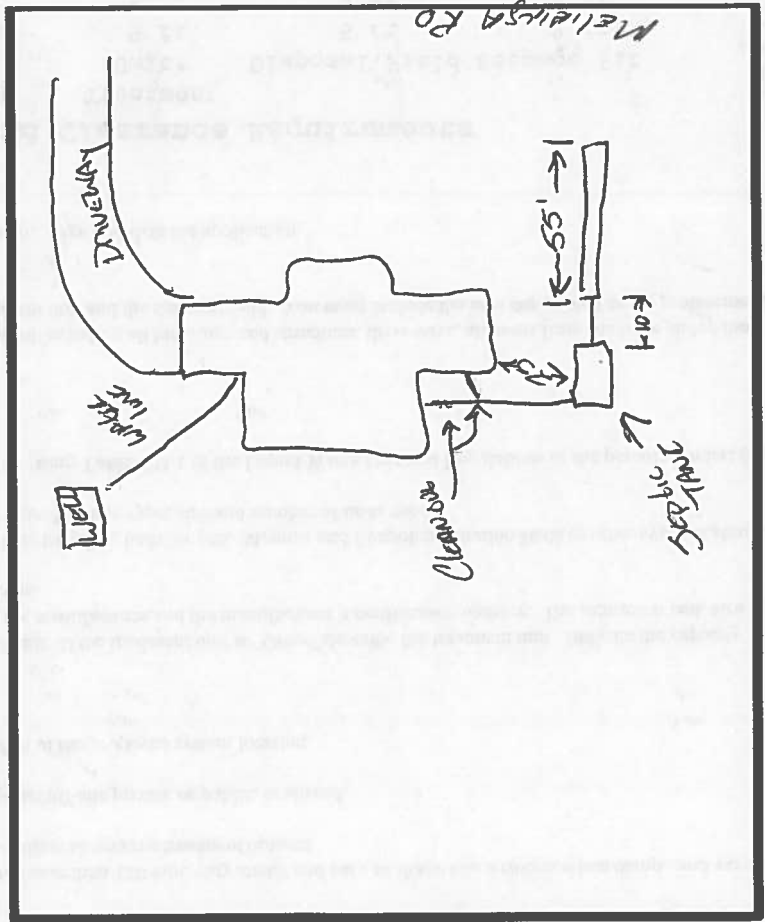
B. Disposal System:  Trench  Bed  Seepage Pit  Mound  
 Evapotranspiration  Other, specify: \_\_\_\_\_  
 Materials:  Pipe and gravel  Gravelless (specify) \_\_\_\_\_

C. Minimum required absorption area 380 square feet  
 Trench or Bed width 3 ft. Gravel depth below distribution pipe 3 ft.  
 Total Trench or Bed length 55 ft. Number of trenches: \_\_\_\_\_  
 Number of gravelless units \_\_\_\_\_

D. Depth from ground surface to bottom of absorption area 5.5 ft.

V. **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:
150' ft.	Property line <u>NE 175'</u> ft.
100' ft.	Property line <u>SW 100'</u> ft.
35' ft.	Buildings <u>75'</u> ft.
135' ft.	Structures <u>125'</u> ft.
- ft.	Wells <u>-</u> ft.
- ft.	Irrigation <u>-</u> ft.
- ft.	Arroyos <u>-</u> ft.
- ft.	Surface water <u>-</u> ft.



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] \_\_\_\_\_ Date 11/28/01

\_\_\_\_ Owner  Contractor \_\_\_\_\_ Other \_\_\_\_\_

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

Granted \_\_\_\_\_ Granted subject to conditions \_\_\_\_\_ Denied \_\_\_\_\_  
 \_\_\_\_\_ Conditions \_\_\_\_\_ Reasons for Denial: \_\_\_\_\_

William C King \_\_\_\_\_ Date 11/29/01  
 NMED Representative

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 that the system is completed. If you have questions call: \_\_\_\_\_

NMED Inspection History \_\_\_\_\_ NMED Representative WCK Date 11/29/01  
PRE COVER UP

VIII. **NMED FINAL APPROVAL:** The system described above  was \_\_\_\_\_ was not inspected. \_\_\_\_\_  
WCK \_\_\_\_\_ Date 11/29/01  
 NMED Representative



State of New Mexico  
Environment Department

PERCOLATION TEST RECORD  
FOR INDIVIDUAL LOTS

OWNER'S NAME Last, First and Middle <b>McLaird Jeff</b>	
MAILING ADDRESS - Street, P O Box, City, State and Zip Code <b>1805 N/M 87571</b>	
LOCATION OF PROPERTY <b>1805 N/M 87571</b>	
HOME PHONE <b>751-3500</b>	BUSINESS PHONE

Test Hole Number 1

Time	Distance to Top of Water	Depth of hole	Actual Water Level Drop
1:00	50"	60"	3"
1:20	52 3/4"		2 3/4"
1:30	55 1/4"		2 1/2"
1:40	57 1/4"		2"
1:50	53"		2"
2:00	54 3/4"		1 3/4"
2:10	56 1/4"		1 1/2"

Test Hole Number 2

Time	Distance to Top of Water	Depth of hole	Actual Water Level Drop
1:10	52"	60"	3"
1:20	54"		2"
1:30	56"		2"
1:40	57 1/2"		1 1/2"
1:50	52 1/4"		1 1/4"
2:00	53 1/4"		1"
2:10	52 1/2"		3/4"

Percolation rate = Time interval used, in minutes ÷ Last water level drop, in inches

Test Hole Number 1:  $\frac{60 \text{ inches}}{6.67 \text{ minutes}} = 9 \text{ min/in}$

Test Hole Number 2:  $\frac{60 \text{ inches}}{13.33 \text{ minutes}} = 4.5 \text{ min/in}$

Average:  $\frac{60 \text{ inches}}{10 \text{ min/in}}$

Test completed by: *[Signature]*

Date: 11/22/01

Owner

Contractor

Other-specify

Report reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

11:31  
5/11/01

WARRANTY DEED

GAIL PEARSON, a single person ("Grantor"), for consideration paid, grants to GAIL

PEARSON, a single person, and JEFFERY L. McCALEB, a single person, as Joint Tenants with

Rights of Survivorship ("Grantees"), whose address is c/o P.O. Drawer DDD, Taos, New Mexico,

87571, the following described real estate in Taos County, New Mexico:

Parcel 1

A certain tract of land lying and being situate in Las Colonias, Taos County, New Mexico, within the Antonio Martinez Land Grant located in projected Section 36, Township 26 North, Range 12 East, N.M.P.M., also described as part of Tract 11, Map 15, Survey 2 of the 1941 Taos County Reassessment Survey, and being more particularly described by metes and bounds as follows:

Beginning at N.M.L.S. No. 5040 capped rebar set, from whence the S.E.O. brass cap monument "Velvet" bears S. 22 35' 09" W. 2,982.42 feet,  
Thence N. 21 20' 07" E. 265.29 feet to a N.M.L.S. No. 5040 capped rebar set,  
Thence S. 44 06' 58" E. 465.46 feet to a N.M.L.S. No. 5040 capped rebar set,  
Thence S. 21 20' 07" W. 249.14 feet to a N.M.L.S. No. 5040 capped rebar set,  
Thence No. 45 56' 58" W. 458.99 feet to the point and place of beginning.

This tract of land contains 2.500 acres, more or less, as shown on the March 12, 2001, Survey Plat No. 01-15T by Luchetti Surveys, P.O. Box 905, Ranchos de Taos, New Mexico, 87557.

TOGETHER WITH: The 15-foot wide Melaringa Road easement for vehicular and underground utility access leading from along the northeastern boundary southeasterly to Lower Las Colonias Road as shown on the Luchetti Survey Plat No. 01-15-T referred to herein.

SUBJECT TO:

Reservations as contained in the patent from the United States of America to the Antonio Martinez Grant.

Easements to Kit Carson Electric of record.

20-foot wide easement for vehicular and underground utility access leading from the eastern corner southwesterly to the eastern corner of the adjacent Parcel 2 reserved hereby for the benefit of Grantor's adjacent and next-adjacent tracts; and the restrictive covenants imposed hereby for the benefit of Grantor's adjacent or next-adjacent tracts against (1) mobile, modular or pre-manufactured homes whether or not made permanent on the 2.500 acre tract of land referred to herein, and (2) construction of any buildings within 20 feet of any exterior boundary of the 2.500 acre tract of land referred to herein, and entitling the prevailing party in a legal action for breach or enforcement to a reasonable attorney's fee in addition to damages, specific performance and/or injunctive or declaratory relief.

Taxes for the year 2001 and thereafter.

with warranty covenants.

WITNESS my hand and seal this 27th day of June, 2001.

Gail Pearson  
(SEAL)  
GAIL PEARSON

STATE OF NEW MEXICO )  
( ss.  
) COUNTY OF TAOS

This instrument was acknowledged before me on April 27, 2001, by GAIL Pearson  
Notary Public

PEARSON, a single person.

My commission expires: July 2004



ABSTRACT PROPERTY REAL PEARSON TO PEARSON AND MCCALB.WD

COUNTY OF TAOS  
STATE OF NEW MEXICO )  
( JSS

I hereby certify that this instrument was filed  
for record on the 11th day of May, A.D. 2001  
at 11:51 o'clock M. and was duly recorded in book M-275  
page 850 of the records of Taos County,  
Witness my Hand and Seal of Office  
Jeannette G. Rael  
County Clerk, Taos County, N.M.

Deputy

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



System Owner's Name: McCLARY JEFF  
 System Location: 20 HAZARDOUS WASTE TREATMENT PLANT  
 Installer's Name & Company: 20 HAZARDOUS WASTE TREATMENT PLANT  
 Type of Inspection:  INITIAL  FINAL  REINSPECTION  COMPLAINT  OTHER  
 Inspector: MICKINS  
 Inspection Date: 11/29/01  
 NMED Permit No.: \_\_\_\_\_

**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. PRETREATMENT**  
 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 \_\_\_\_\_  
 b. Correct Setbacks \_\_\_\_\_  
 c. Tank Certified; Correctly Labeled \_\_\_\_\_  
 d. Tank Correctly Oriented, Level & Depth Below Grade \_\_\_\_\_  
 e. Bottom of Outlet Pipe 2" Lower than Bottom of Inlet Pipe \_\_\_\_\_  
 f. Inlet / Outlet Pipes Sealed & Watertight \_\_\_\_\_  
 g. Inlet / Outlet Baffle or Tee with Legs Extending 12" Minimum Below Liquid Level; Outlet Filter Installed if Required \_\_\_\_\_  
 h. Tank & Fittings Correctly Vented \_\_\_\_\_  
 i. Concrete Tank: Coated & Material Correct OR Type V Concrete \_\_\_\_\_  
 j. Outlet Pipe Correct Size & Material, Correct Grade \_\_\_\_\_  
 k. Manholes Correctly Sized & Located \_\_\_\_\_  
 l. Manhole Risers at Correct Height, Diameter, Coated & Lids \_\_\_\_\_  
 m. Tank Correctly Backfilled and Covered; Fiberglass / Plastic Tank Installed per Manufacturer's Instructions \_\_\_\_\_  
 n. Advanced Treatment Unit Installed per Manufacturer's Instructions \_\_\_\_\_  
 o. Water Tightness Test Required:  Pass  Fail \_\_\_\_\_  
 p. 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) Switches & Alarms Present and Installed Correctly \_\_\_\_\_  
 d. Manholes, Risers, Lids Correct and Water Tight \_\_\_\_\_

**5. TEE OR DISTRIBUTION BOX**  
 a. Pipe To and From Tee or "D" box 4" Diameter \_\_\_\_\_  
 b. Tee Level; Correct Type; Oriented Correctly \_\_\_\_\_  
 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; Flow Equal 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 Pits  Other \_\_\_\_\_  
 a. Soil Type Correct: Type \_\_\_\_\_  
 b. Clearance to Ground Water or Limiting Layer Correct \_\_\_\_\_

Confined on attached Sheet(s)  
 Installation Approved  
 (See Comments/Violations)  
 Installation Approved w/conditions  
 (See Comments/Violations)  
 Installation Not Approved  
 (See Comments/Violations)

Inspector's Signature: MICKINS

Comments/ Violations:  
OK TO COVER