



**BILL RICHARDSON**  
Governor

State of New Mexico  
**ENVIRONMENT DEPARTMENT**

**Environmental Health Division**

District II Taos Field Office  
P.O. Box 208/105-B Bertha Rd  
Taos, NM 87571  
Phone (575)758-8808 Fax (575)758-9851  
www.nmenv.state.nm.us



**RON CURRY**  
Secretary

**JON GOLDSTIEN**  
Deputy Secretary

**CARLOS ROMERO**  
Director

To Whom It May Concern:

Enclosed is a copy of your liquid waste permit. The system is now approved for use as an on-site liquid waste disposal system as required by the New Mexico Liquid Waste Disposal Regulations. The permit provides details about your system including tank location and field layout. Please retain the permit in your permanent records.

Adequate planning will enhance your future options. Should you modify your system in the future i.e. the size of your lot decreases, or the total design flow for the lot increases (addition of bedrooms, guesthouses, etc.) re permitting of the system will be required to determine it's compliance under the current Liquid Waste Disposal Regulations.

Also included is the information sheet titled "The Care and Feeding of Your Septic Tank". It outlines the care and maintenance needed to keep your septic system functioning. Special care should be taken to avoid flushing household hazardous chemicals into the waste system. Drain cleaners, toilet bowl cleaners, chlorine bleach and other chemicals marked *caustic* or *poison* can, in large quantities, create problems in your septic tank.

Check the tank annually and plan to have it pumped out every 3-5 years.

Planting grass seed on the disturbed soil will help prevent erosion. Avoid driving over the tank or the field. Building decks, driveways or other permanent structures over any part of the system may cause the septic system to fail.

If you have questions or concerns, please do not hesitate to call this office at 758-8808.

Sincerely,  
New Mexico Environment Department  
Taos Field Office

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: 10-9-09 NMED Permit Number: TA090206

**NMED Use Only:**

Call 38-8808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: \_\_\_\_\_  
 Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other: \_\_\_\_\_

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Randolph Patrick + Mary Jo  
 MAILING ADDRESS: Street/PO Box, City, State, Zip Code  
1336 Highway 129, Davis, Hastings, NE 68901  
 SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)  
At 8 Juan de Dios Martinez RD, El Salto  
 SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 1075157113291  
 TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE ELEV

INSTALLER'S NAME & FIRM: ERNEST'S PLUMBING + EXCAVATING PHONE: 738-7313  
 MAILING ADDRESS: Street/PO Box, City, State, ZIP  
PO 1308 129 El Salto, NM 87529  
 CID License No./Class MM-1 MM-98 MS-1 MS-3 Homeowner  
 No.: 11416

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 2 no. of bedrooms 300 gpd  
 Multiple family units \_\_\_\_\_ no. of units; \_\_\_\_\_ no. bedrooms per unit  
 Seasonal residence \_\_\_\_\_  
 Commercial/Institutional (type): \_\_\_\_\_  
 Other (type): \_\_\_\_\_ Fixture units: \_\_\_\_\_  
 B. Are there other sewage sources on this property? Yes  No   
 TOTAL WASTEWATER FLOW ON PROPERTY - 300 gpd

III. SITE INFORMATION  
 A. Lot Size: 1.538 Acres Date of Record: 8/14/01  
 (nearest 0.01 acre) (Plat Date or Subdivision Date)  
 Ownership and lot size documentation attached:  Warranty deed \_\_\_\_\_ Property tax receipt  
 \_\_\_\_\_ Recorded plat \_\_\_\_\_ Other, specify: \_\_\_\_\_

B. Depth from Ground Surface to:  
 Seasonal High Water Table 257 feet  
 Bedrock, Caliche, Tight Clay 257 feet  
 Gravel, Cobbles, Highly permeable soil 257 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 #: RG 88484  
 Name of Public Water System: \_\_\_\_\_

IV. SYSTEM DESIGN

A. Treatment Unit: \_\_\_\_\_ Experimental System  
 Septic tank Manufacturer: ERNEST'S PLUMBING Capacity 1000 gal  
 Certification No: 983-08-221A  
 \_\_\_\_\_ ATS (Advanced Treatment System) \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_ Sand filter  
 \_\_\_\_\_ Disinfection \_\_\_\_\_ Other (specify): NA  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Voluntary ATS \_\_\_\_\_  
 B. Disposal System:  Trench \_\_\_\_\_ Leaching Bed \_\_\_\_\_ Seepage Pit  
 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 2 x Q 300 = 600 SQ FT  
 (AR - Application Rate) (Q - Design Flow)  
 Trench or Bed width = 2 ft.  
 Gravel depth below pipe = \_\_\_\_\_ ft.  
 Total Trench or Bed Length = 390  
 Length of Trenches = (1) 45; (2) 45; (3) \_\_\_\_\_; (4) \_\_\_\_\_  
 Number of Gravelless Units = \_\_\_\_\_  
 Proposed Absorption Area of System = 630 SQFT  
 D. Depth from ground surface to bottom of absorption area = 5 ft.

NMED Permit Number: TA090206

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.

Ernest N. Gonzales Signature 10-9-09 Date   
 \_\_\_\_\_ Owner  Contractor \_\_\_\_\_ Other, specify: \_\_\_\_\_

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 of the liquid waste disposal system described herein is hereby:   
 Granted \_\_\_\_\_  Denied \_\_\_\_\_

Permit Conditions or Reasons for Denial: \_\_\_\_\_

William C. King NMED Representative 10/9/09 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: \_\_\_\_\_ Contractor photo inspection authorized

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:   
The system described above:  was inspected by NMED \_\_\_\_\_

NMED Inspection History SITE INSPECTION - OK TO COVER \_\_\_\_\_

NMED Representative WCK Date 11/19/09

A permit for operation of the liquid waste disposal system described herein is hereby:   
 Granted \_\_\_\_\_  Denied \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

William C. King NMED Representative 11/19/09 Date