

page 1 of 2	TOTAL SEWAGE FLOW ON PROPERTY =
Distance from ground surface to bottom of absorption areaft.	If yes: flow and 375
Depth of Inlet pipe below groundft.	<li>B. Are there other wastewater sources on this property? Yes _X No;</li>
_ft. Dept	other (type); flow sizing units;
of Pits	multiple family; number of units; number bedrooms per unit
	flow
Gravelless Systems:  Size  No of units  or length  ft.	375
Depth of gravel below distribution pipe = $\frac{3}{100}$ (in. or ft.)	II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (GPD)
length It.) -	Engineer SealOther
/Bed dimensions:	D. Includes: X Verification of plat date Variance Application Plans with
Minimum required absorption area 250 square feet	
Disposal system:	C. System is: X Conventional Alternative Holding Tank (vault) Other
gallons Manufacturer.	B. Manufactured Housing (mobile):Yes _x_ No
ment Unit; XSeptic TankOther; spec	A. Application is for a: X New System Modification Replacement
	I. PERMIT APPLICATION (Instructions on back of page)
E. Water source; X On-site Off-site (more than 100 feet from lot)  X Private Public Shared	
Other, percolation rate ( min./ in.)	CID License No. and Certification MM -1 MM - 98 MS - 1 MS - 3 HOMEOWNER
Clay with considerable sand or gravel	MAILING ADDRESS - Street/ P.O.Box, City, State, Zip Code
X Fine sand Sandy loam or Sandy clay	self
Coarse sand or gravel; percolation rate (min./ in.)	INSTALLER'S NAME & FIRM PHONE
D. Soil type (See instructions under III. Site Information on back of page.)	IN ENCE
Gravel, Cobbles or highly permeable claysfeet	TOWNSHIP RANGE SECTION QTR QTR QTR LONGITUDE LATITUDE
feet Tald	SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE
able 100 feet Sol	
face to:	Liano Quemado Mesa county
% Caliche Irrigation areas or ditches	OF SYSIEM
Surface water Rock outcrops Wells	BX 7418 NDCBU
piac	Street/P.O.Box, City, State, Zip Code
A. Lot Size 9458res or square feet Date of Record Street Part of Street Part of Size 19458res or Square feet Date of Record Squar	TEM OWNER'S NAME - Last First, Middle HOME PHONE BUSINESS PHONE  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and CID/MHD permits <u>prior</u> to installing any system.
	DIRECTIONS: All sections must be filled out completely. You must obtain NMED
NMED inspection required Yes V No Date NMED Received: 4/8/93	PRO-1912 O
WASIESYSIEM	N A
PERMIT  IN Y OR REPLACE  COPERMIT NUMBER  COPERMIT NUMBER	APPLICATION F PERMIT TO INSTALL, MODERY OR REPLANTED INSTALL, MODERY OF NEW MEXICO
	₩ ₩

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

property lines and dimensions of parcel where system is to be located b. proposed and existing buildings, other structures, driveways, waterlines and wells location of proposed wastewater system on property with its replacement area d. location of all other wastewater systems on property e. any surface water, streams, irrigation, canals, arroyos, rock outcrops or steeply sloping areas f. direction of groundwater movement N Give distance from the treatment unit Give distance from to: the disposal system & replacement area Property line to: ft. Property line Building & ft. Structures @ Well Building & Structures Well(s) ft. Well(s) Water 1.ie Irrigation ditches & areas Jarac . Irrigation ditches & areas OD Arroyos ft Surface water urface water DU WELL THO HE tcrops Rock outcrops NOTICE: Any changes made in design after NMED issues a permit must be approved by NMED prior to installation. VI. APPLICATION 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. Other Contractor Signature IBNIBORINET BANBORINET 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 Failure to meet any conditions specified voids this permit and is subject to enforcement. NMED Signature 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 granted granted subject to conditions(cite regulations) denied (cite regulations) CID/MHD Signature Date

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

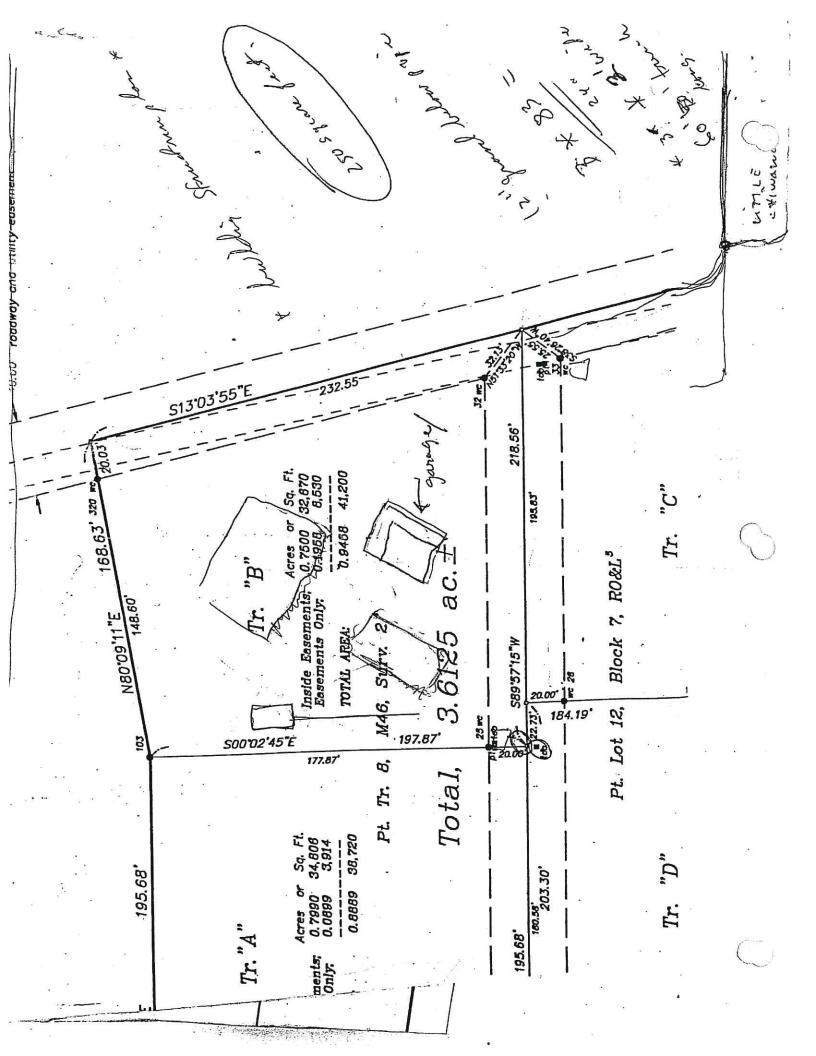
following landmarks within 200 feet of the system:

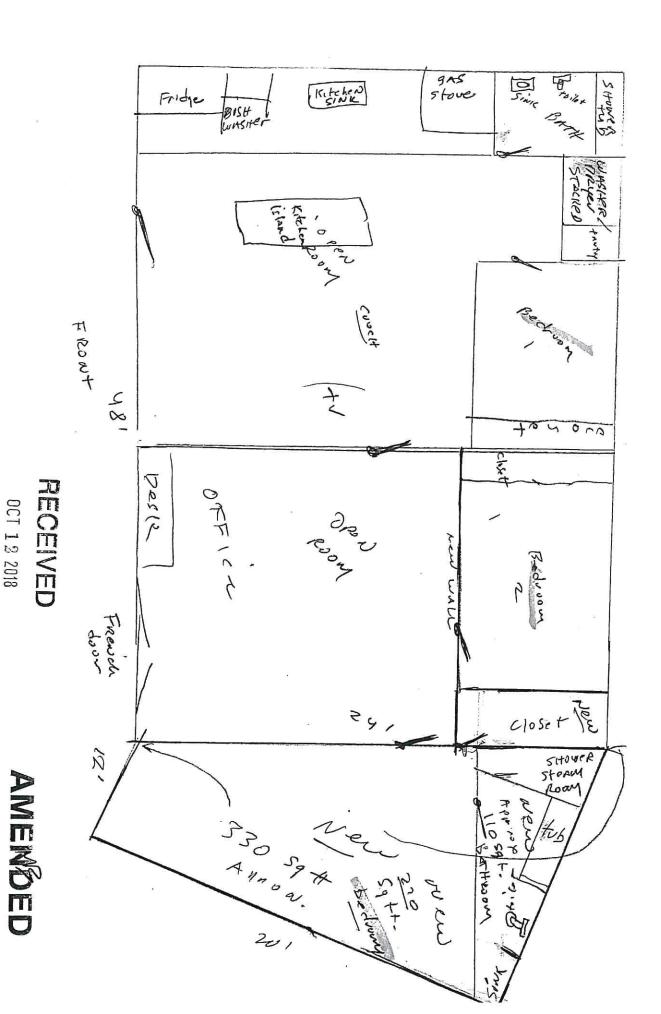


Revised 3/86

## PERCOLATION TEST RECORD FOR INDIVIDUAL LOTS

Environmental Improvement Division	FOR INDIVIDU	IAL LUIS		·		
OWNER'S NAME - Last, First and Middle WARNOCK, LOBERT	DUANE		758.283	758 DY54		
MAILING ADDRESS - Street/P.O Box, City, State	NDCBW, T	TAOS, NN	8757			
LOCATION OF PROPERTY		1970 V.	- M P <sub>1</sub>   1   2   2   2   2   2   2   2   2   2	gride		
Test Hole Number	1	, Test Ho	ole Number 2			
Depth of hole	45"	Depth	of hole 46"	<u>a bd</u>		
Distance to Time Top of Water	Actual Water Level Drop	Time	Distance to Top of Water	Actual Water Level Drop		
17:00 32"	- <u></u>	12:00	32"	*		
12:10 34"/12	2"/2	17:10	35"	3"		
12:20 34"/4	21/4	12:20	3 7 3/4	2"3/4		
12:20 12:1:1 703		12:26	Ritie to	32"		
12:30 34"	7"	17:30	3 4 /2	21/2		
12:40 36"	2"	12:40	3 6 3/4	21/4		
17:50 373/4	13/4	12:50	3.81/2	13/4		
12:50 Rific 32"		17:50	RitiL 34"			
1:00 331/2	1/2	1:00	3.93/4	1/4		
1:10 35"	1/2	1:10	41/4	1/2		
The Arms of gr	Percola	tion Rate		^ & *		
Percolation rate = Time interval used, in minutes ÷ Last water level drop, in inches						
Percolation rate = Time	interval used, in min	utes ÷ Last wa	ter level drop, ın ır	iches		
A SCHOOL OF THE SECTION OF THE SECTI	inutes = 10/17	min/in		x		
	inutes = 10/11/	z min/in	Average <u>6,</u>	7 min/in		
		and the second s		,		
Test completed by:	Kabert Due	me Wa	uner Date	04.07.9/		
Owner	Contractor	Other	-specify	19. <b>4</b> 3. 19. <b>4</b> 3.		
		The second	s gril a distribution of			
Report reviewed by:	e on a compa	Form 2 B . T	Date:			
	Title:					





NMED Taos Field Office

