



BeTA10011SD
 DISTRICT 11
 ENVIRONMENTAL
 APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION
 002 02 MP
 POSTED

TAOS FIELD OFFICE

Date NMED Received: 07/11/2008

NMED Processing Number: TA100124

NMED Use Only:
 Call 759-8808 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: Larson Last, First, MI Home Phone: _____ Business Phone: _____

MAILING ADDRESS: Eric T. 7519009 741-0144
La Semelle Rd City 7505 State Km Zip Code 87871

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

9 Del Norte Rd, Tos, Km 87571
 SUBDIVISION Del Norte UNIT/PHASE BLOCK LOT/TRACT

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

INSTALLER'S NAME & FIRM: Franz's Plumbing PHONE: 758-7313
 MAILING ADDRESS: PO Box 129 El Nido City State Km ZIP 87529
 CID License No./Class MM-1 MM-98 MS-1 MS-3 Homeowner
 No.: 1446

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 4 no. of bedrooms 450 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 WASTEWATER FLOW ON PROPERTY - 450 gpd

III. SITE INFORMATION

A. Lot Size: 176 Acres Date of Record: 1968
 (nearest 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: _____

IV. SYSTEM DESIGN

A. Treatment Unit: _____ Experimental System
 Septic tank Manufacturer: P2E 1976 Capacity 1000
 Certification No: _____

ATS (Advanced Treatment System) Secondary Tertiary Sand filter
 Disinfection Other (specify): _____ Model: _____
 Manufacturer: _____

B. Disposal System: Voluntary ATS
 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): _____
 Materials: Pipe & Gravel _____ Gravelless (type): _____
 Distribution box: Yes No

C. Minimum required absorption area:
 AR 2 x 0 750 = 900 SQ FT
 (AR - Application Rate) (Q - Design Flow)
 Trench or Bed width = 3 ft. ft.
 Gravel depth below pipe = 2 1/2 ft.
 Total Trench or Bed Length = 130 ft.
 Length of Trenches - (1) 65; (2) 65; (3) _____; (4) _____
 Number of Trenchless Units = 0/A 910 SQ FT
 Proposed Absorption Area of System = 6 SQ FT

D. Depth from ground surface to bottom of absorption area = 6 ft.

B. Depth from Ground Surface to: Seasonal High Water Table 25 feet
 Bedrock, Caliche, Tight Clay 95 feet
 Gravel, Cobbles, Highly permeable soil 25 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 #: _____
 Name of Public Water System: _____

NMED Processing Number: TA100126

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.

Print Name Ernest N. Castales

Signature Ernest N. Castales Date 7/16/10

Owner Owner's Authorized Representative

NMED USE ONLY

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

Permit Conditions or Reasons for Denial: _____

William C. Davis NMED Representative Date 7/20/10

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: _____

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:

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

NMED Inspection History SITE INSPECTED - OK TO COVER NMED Representative W.C. Date 7/23/10

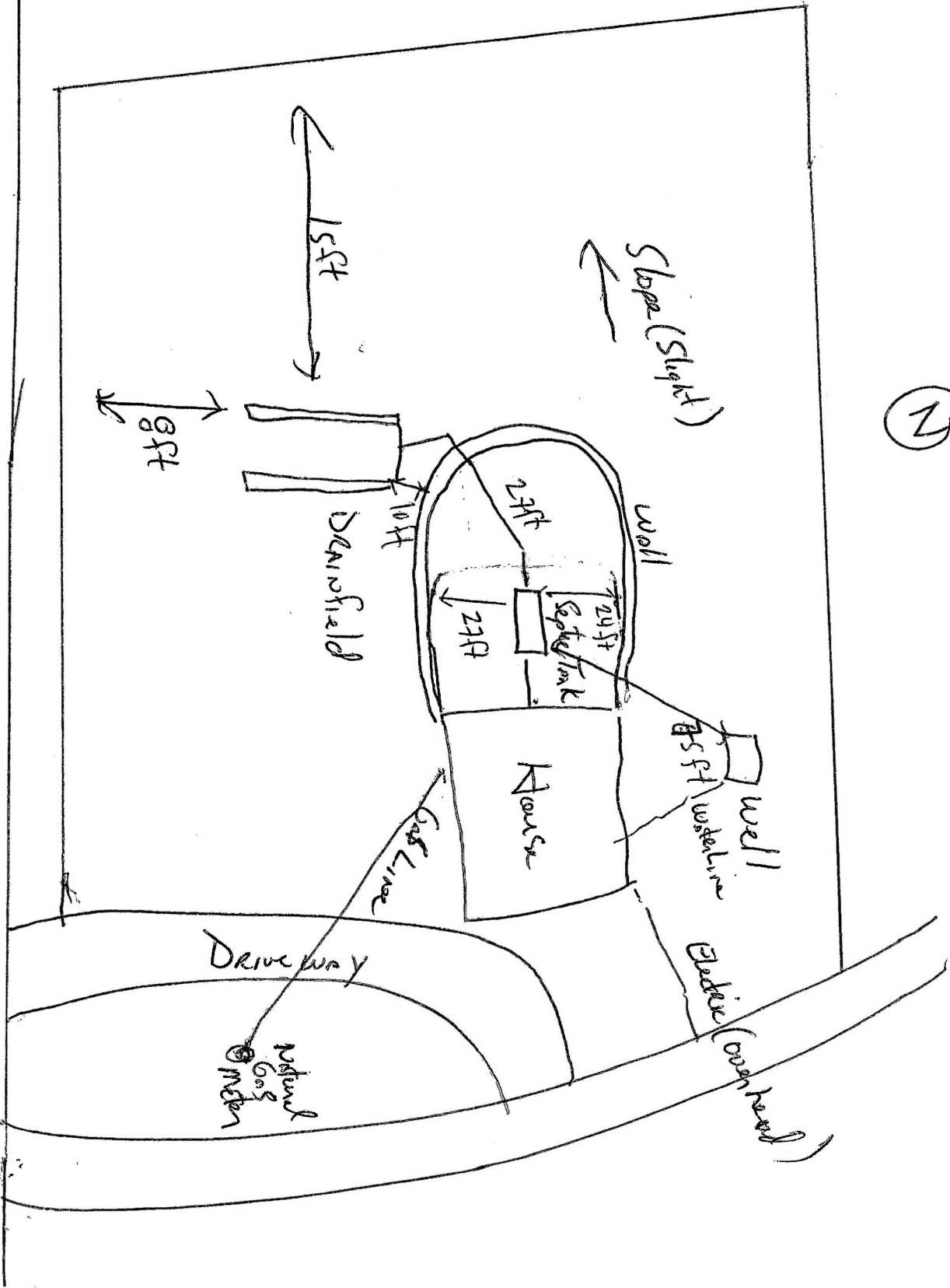
A permit for operation of the liquid waste disposal system described herein is hereby: Granted Denied

Conditions of Approval: W.C. Davis Date 7/23/10

News

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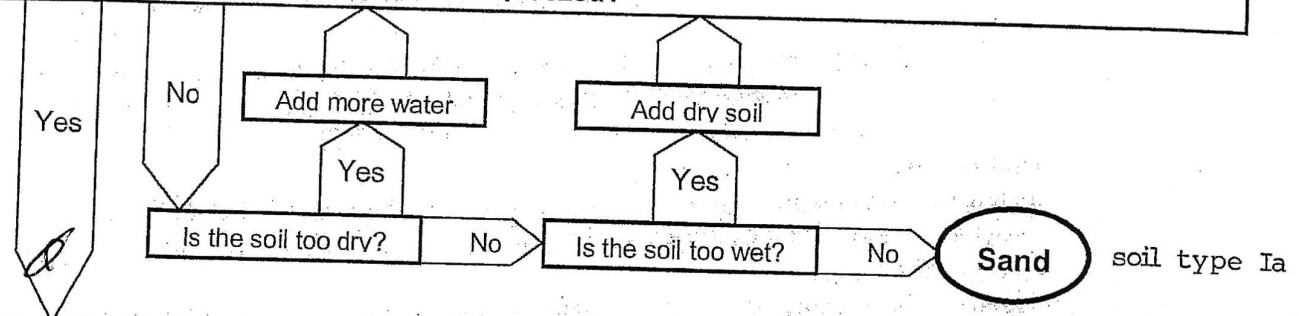


Del Monte RD

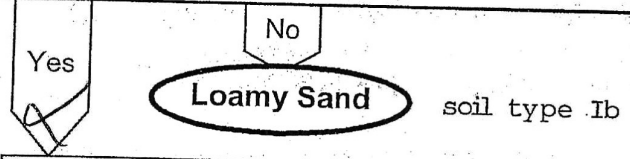
Soil Texture by Feel

Test conducted by Daniel Gonzalez

Start: Place soil in palm of hand. Add water drop-wise and knead the soil into a smooth and plastic consistency, like moist putty.
Does the soil remain in a ball when squeezed?



Place ball of soil between thumb and forefinger, gently pushing the soil between with the thumb, squeezing it upward into a ribbon. Form a ribbon of uniform thickness and width. Allow ribbon to emerge and extend over the forefinger, breaking from its own weight.
Does the soil form a ribbon?



What kind of ribbon does it form?

Moisten a pinch of soil in palm and rub with forefinger Does it feel very gritty? Does it feel equally gritty and smooth? Does it feel very smooth?	Yes	Forms a weak ribbon less than 1" before breaking LOAM Sandy Loam soil type II	Forms a ribbon 1-2" before breaking CLAY LOAM Sandy Clay Loam soil type III	Forms a ribbon 2" or longer before breaking CLAY Sandy Clay soil type IV
	Yes	Loam soil type II	Clay Loam soil type III	Clay soil type IV
	Yes	Silt Loam soil type III	Silty Clay Loam soil type III	Silty Clay soil type IV

Applicant: LIASA ERIC

NMED Processing Number: _____

This checklist must be submitted with your application. The Installer shall circle Yes, No or N/A (not applicable) for each requirement to verify that your site plan includes all the necessary information. Print and sign your name at the bottom.

**New Mexico Environment Department
SITE PLAN DRAWING- LIQUID WASTE SYSTEM
Submittal Checklist**

Site Plan Requirements	Installer Verification			NMED Verification			
	Yes	No	N/A	Site Plan Meets Requirement		Setbacks Meet Regulations	
North Arrow shown	Yes	No		Yes	No		N/A
Proposed system components shown and labeled	Yes	No		Yes	No		N/A
Scale of drawing is clear and readable	Yes	No		Yes	No		N/A
Access Roadways, driveways and LW Utility Easements shown	Yes	No	N/A	Yes	No	N/A	N/A
Direction of slope and drainage toward LW system shown	Yes	No	N/A	Yes	No	N/A	N/A
Existing LW systems shown (w/permit # or labeled "Unpermitted")	Yes	No	N/A	Yes	No	N/A	N/A
Property Lines							
Property line boundaries with distances shown	Yes	No	N/A	Yes	No	N/A	5'-Tank 5'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Wells and Water Supply Lines							
All <u>Private</u> on-site & neighbor's wells(within 100' of LW system) shown	Yes	No	N/A	Yes	No	N/A	50'-Tank 100'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
All <u>Public</u> on-site & neighbor's wells(within 200' of LW system) shown	Yes	No	N/A	Yes	No	N/A	100'-Tank 200'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
All <u>irrigation wells</u> within 100 feet of LW Disposal System are shown	Yes	No	N/A	Yes	No	N/A	50'-Tank 100'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
All <u>Drinking water lines</u> are shown	Yes	No	N/A	Yes	No	N/A	10'-Tank 10'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Waters of the State means all interstate and intrastate waters, including natural ponds and lakes, playa lakes, reservoirs, perennial streams and their tributaries, intermittent streams, sloughs, prairie potholes and wetlands.							
All <u>Waters of the State</u> (within 100' of LW Disposal System) shown	Yes	No	N/A	Yes	No	N/A	50'-Tank 100'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Canals (See definition 20.7.3.7 (C.1))							
<u>Acequias</u> , Unlined canals and <u>Drainage ditches</u> are shown	Yes	No	N/A	Yes	No	N/A	15'-Tank 25'-Drainfield
And setback distances to tank and drainfield are met labeled ----->	Yes	No	N/A	Yes	No	N/A	
<u>Lined canals</u> are shown	Yes	No	N/A	Yes	No	N/A	10'-Tank 10'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Arroyos (see definition 20.7.3.7 (A.7))							
All <u>Arroyos</u> are shown	Yes	No	N/A	Yes	No	N/A	15'-Tank 25'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Buildings and Structures							
All <u>Building and Structures</u> shown and labeled(Use of structure identified)	Yes	No	N/A	Yes	No	N/A	5'-Tank 8'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
All <u>Retaining Walls</u> (existing and proposed) shown and labeled	Yes	No	N/A	Yes	No	N/A	5'-Tank 8'-Drainfield
And setback distances to tank and drainfield are met and labeled ----->	Yes	No	N/A	Yes	No	N/A	
Retention/Detention Areas (areas on parcels that are specifically designed to hold and capture water from precipitation)							
All <u>Retention/Detention Areas</u> shown and labeled	N/A					15'-Tank 15'-Drainfield	
And setback distances to tank and drainfield are met and labeled ----->	N/A						
NMED Comments							

Ernest N Gonzalez
 Caller Name Printed
William C. Korb
 NMED Staff Name Printed

Ernest N. Gonzalez
 Installer Signature
W. Korb
 NMED Staff Signature

7/16/10
 Date
7/20/10
 Date

Applicant: Lawson ERIC

NMED Processing Number: _____

You must submit this form with your application. The installer shall circle Yes or No for each box to verify that the necessary information has been submitted. Print and sign your name at the bottom. Do not fill in any information in NMED Verification section.

**New Mexico Environment Department
LIQUID WASTE PERMIT APPLICATION
Submittal Checklist**

For All Liquid Waste Permit Applications	Installer Verification		NMED Verification	
	Yes	No	Yes	No
Application is filled out completely with minimal cross-outs and no white-out, no blanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detailed site plan is attached and includes all requirements and meets all setbacks (and Liquid Waste Site Plan Submittal Checklist is attached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Warranty deed, tax bill or other form of ownership verification is attached (requires county clerk stamp)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of plat or recorded survey is attached (requires county clerk stamp) (if these documents not available other documents showing property size and easements must be provided)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Floor plan for all dwellings or structures is attached (All rooms are clearly labeled, identifying bedrooms and rooms that might reasonably be used as bedrooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
For Advanced Treatment Systems Only (In addition to requirements for LW Permit Applications as listed above)				
A fully-labeled treatment and disposal system diagram is attached. The location and diagram of the sampling port is clearly shown. Disinfection unit is shown (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The system being proposed is on the "Advanced Wastewater Treatment Systems Approved by NMED" list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A detailed design statement is attached which includes all of the following: Explains why an ATU is required on this site, discussion of site conditions & operational details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A maintenance contract for the duration of the permit with a factory certified MSP (signed by both homeowner and MSP) is attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Voluntary System, Disclosure Statement is included (disclosure statement- indicates ATS is not required, maintenance contract for duration of the permit, signed by homeowner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sampling contract for the duration of the permit with an approved sampling provider (signed by both the homeowner and sampling provider) is attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Alternative Disposal Systems Only (In addition to requirements for LW Permit Applications as listed above) (Alternative disposal systems include: mounds, ET beds, pressure-dosed systems, elevated beds, sand filters, and split flows)				
A detailed design statement is attached: Explains why an ADS is required on this site, it meets a proven design criteria, statement of site conditions & operational details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A diagram & design specifications of the disposal system including manufacturer's specifications (or proven design specs) are attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed site drawings showing plan, profile and cross-section views are attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed design calculation sheets or worksheets are attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump specifications and sizing information are attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NMED Permit Processing Comments: _____ Date Applicant Notified of Incompleteness: ____/____/____
What is needed for application to be "Complete": _____

Date Application Determined to be Complete: ____/____/____
10 Working Days from "Complete" Date: ____/____/____ (For Conventional Systems)
20 Working Days from "Complete" Date: ____/____/____ (For ATS and ADS)
 Other Comments: _____

ERNEST W. GONZALEZ
Installer Name Printed

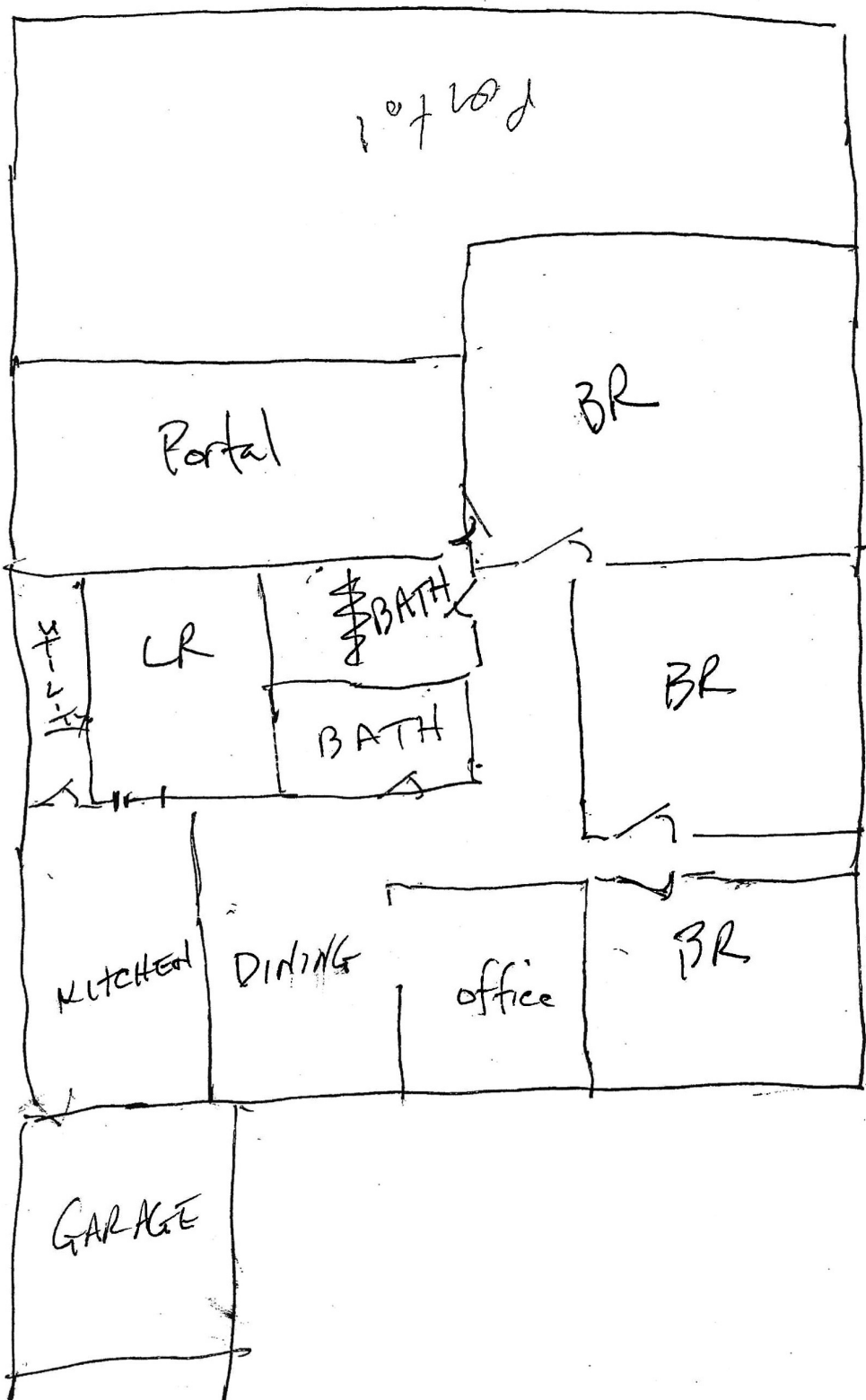
Ernest W. Gonzalez
Installer Signature

7/16/10
Date

- WILLIAM C KING
NMED Staff Name Printed

William C King
NMED Staff Signature

7/20/10
Date





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



NMED Permit No: TA000126 Applicant's Name LARSON, ERIC
 Address 35 DE ANTE RD
 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 1 ROOM PARTMENT
 - 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, if concrete
 - 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. Smearred 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 36°13'74" long 108°39'564"
 Elev 7280

9.

COMMENTS/VIOLATIONS

Continued on attached Sheet(s)

OK TO COVER

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

10.

Final Approval
 Granted Not Granted

WCK 7/23/10
 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
 N/A - Not applicable
 N/C - Not Compliant
 N/V - Not Verified
 A/P - As Proposed
 N/T - Not Tested EX - Existing