APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



	Date NMED Received: 15-MAR-04	NMED Processing Number:	SF040161
THO WHENT DEPRIE	NMED Use Only: Call (505) 827-1840 to schedule an inspection a minimum of 2 working Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms	days prior to the event Permit Fee: Multiple dwellings Other:	
SYSTEM OWNE	ER'S NAME: Last, First, MI Home Phone: Business Phone:		
WATSON, CHRISTOPH	IER ? ?	B. Depth from Ground Surface to: Seasonal High Water Table	50 feet
MAILING ADDRE	CSS: Street/PO Box, City <u>State</u> Zip Code	Bedrock, Caliche, Tight Clay	50 feet
ROUTE 4 BOX 2E SAN		Gravel, Cobbles, Highly permeable soil	feet
	ON: Address, City, ZIP, County - (if needed, attach directions)	 C. Soil Description: USDA Soil Class Methodology & Verification Subm 	nitted? Yes
BISHOPS LODGE ROA	AD SANTA FE, NM , NM,	Type Ia=1.25 sf/gal/day Type Ib=2 sf	
SUBDIVISION	UNIT/PHASE BLOCK LOT/TRACT	Type III=2 sf/gal/day Type IV=5 s	f/gal/day
VALUE OR L'ER OR L'	? ?	D. Domestic Water Source:	D 111 (1)
UNIFORM PROPE		On-site X Off-site X Private Irrigation well, or flood irrigated area on lot?	Public Shared
TOWNSHIP I	RANGE SECTION LATITUDE LONGITUDE ELEVATION 10E 6 ? ? ? ?	State Engineer Well Permit #:	Yes <u>X</u> No
INSTALLER'S NA		Name of Public Water System:	
RICHARDSONS EXCA	VATING LLC* c/o RICHARDSON, FRED ?		
	SS: Street/PO Box City State Zip Code	IV. SYSTEM DESIGN	Experimental System
PO BOX 861 CID License Class:	? ? ? this data is no longer being collected by LWB	A. Treatment Unit: X Septic tank Manufacturer: ?	Capacity:
CID License Number		Certification No: ?	Capacity.
		ATS (Advanced Treatment System)	Secondary Tertiary
	PLICATION (instructions available on request)	Other (specify):	
Application ME Mad	n is for: New Permit Registration - existing unpermitted system ATS ownership transfer	Manufacturer: Voluntary ATS	Model:
	ermit No.(if applicable): SF040161		eaching Bed Seepage I
Existing 1 c	orimit (1.0.(11 approache)).	· · · · —	Elevated Bed Wisconsin
	ER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)	Vault Lined Evapotranspiration (ET)	
	iquid waste system use and design flow:		Drip Gray wate
	family residence 4 no. of bedrooms no. bedrooms per unit gpd gpd gpd	Other (specify): Materials: X Pipe & Gravel Gravelle	ec (type):
	al residence	Distribution box: Yes X No	
Comme	ercial/Institutional (type):	C. Minimum required absorption area:	
Other (t			= ? Square
	other sewage sources on this property? Yes X No gpd VASTEWATER FLOW ON PROPERTY - 450 gpd	(AR - Application Rate) (Q - Design Trench or Bed width = ft.	Flow)
TOTAL W	ASTEWATER FLOW ON PROPERTY - 450 gpd	Gravel depth below pipe = ft	,
III. SITE INFOR	MATION	Total Trench or Bed Length = 0	
A. Lot Size:	1.042 Acres Date of Record: NOT LISTED ON FORM; (15-MAR-04: rec'd)	Length of Trenches = (1) ; (2)	; (3); (4)
,	(nearest 0.01 acre) (Plat Date or Subdivision Date)	Number of Gravelless Units =	460
-	and lot size documentation attached:Warranty deedProperty tax receipt orded survey Recorded platOther, specify:	Proposed Absorption Area of System = D. Depth from ground surface to bottom of absorption a	$\frac{468}{\text{area}} = \frac{468}{6}$
	Other, specify.		
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	N E PARTO	APPLICATION FOR A LIQUID WASTE PE	RMIT OR REGISTRATION page 2	NMED Processing Number:	SF040161		
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 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 regordinance or other requirements of state or federal law.						
	Print Name						
			<u>?</u>				
	Signature Owner	Owner's Authorized Representative	Date Owner's Authorized Representative	ve and Contractor			
			NMED USE O	NLY			
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)						
	Granted Permit Conditions of the total conditions lister to the total conditions lister to the total conditions are total conditions.	X Granted subject to conditions or Reasons for Denial: ad}	Denied NMED Permit to Con	struct No. SF040161			
		JICKES	17-NOV-04				
	NMED Representa	ative	Date				
	sched	permit may be canceled for failure to mee lule an inspection, a minimum of 2 working that have questions call: (505) 827-184	g days prior to the inspection.	m within one year; for providing inaccurate or incomplete in	formation; or for failure to notify NME		
VIII	I. NMED FINAL AP The system describ	PPROVAL TO OPERATE LIQUID WA bed above:was inspected by		thorized			
	NMED Inspection	History		NMED Representative JICKES	Date 14-NOV-04		
	SETBACK by {No	NAME found} on 14-NOV-04;CLEARA	NCE (FOUR FEET OF SUITABLE SOIL) by {No N.	AME found} on 14-NOV-04;LOT SIZE by {No NAME found}	nd}		
	A permit for opera	ation of the liquid waste disposal systen Granted subject to conditions	described herein is hereby: Denied NMED Permit to Ope	rate No.			
	Conditions of Appr	oval:					
	NMED Parana4	ativa	Data		a Nam		
Ь	NMED Representa	auve	Date		≠ <i>UKI</i> 3 ₋₁₀		

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X No gal/day

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Sand filter

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Feet

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