

# APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: 15-MAR-04

NMED Processing Number: SF040161

|  |  |   |
|--|--|---|
| <b>NMED Use Only:</b><br>Call (505) 827-1840<br>Permit Approved for (circle one): <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> Bedrooms <u>  </u> Multiple dwellings <u>  </u> Other: <u>  </u> |  | to schedule an inspection a minimum of 2 working days prior to the event<br>Permit Fee: <u>  </u> |
|--|--|---|

|  |       |   |          |                 |           |
|--|-------|---|----------|-----------------|-----------|
| SYSTEM OWNER'S NAME: Last, First, MI   |       | Home Phone:                                   |          | Business Phone: |           |
| WATSON, CHRISTOPHER  |       | ?   |          | ?               |           |
| MAILING ADDRESS: Street/PO Box,  |       | City  |          | State Zip Code  |           |
| ROUTE 4 BOX 2E SANTA FE, NM  |       | AGUA FRIA                                     |          | NM 87501        |           |
| SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions) |       |   |          |                 |           |
| BISHOPS LODGE ROAD SANTA FE, NM , NM,  |       |   |          |                 |           |
| SUBDIVISION  |       | UNIT/PHASE                                    |          | BLOCK LOT/TRACT |           |
|  |       | ?   |          | ?               |           |
| UNIFORM PROPERTY CODE:   |       |   |          |                 |           |
| TOWNSHIP   | RANGE | SECTION                                       | LATITUDE | LONGITUDE       | ELEVATION |
| 17N  | 10E   | 6   | ?        | ?               | ?         |
| INSTALLER'S NAME & FIRM:   |       |   |          | PHONE:          |           |
| RICHARDSONS EXCAVATING LLC* c/o RICHARDSON, FRED                             |       |   |          | ?               |           |
| MAILING ADDRESS: Street/PO Box   |       | City  |          | State Zip Code  |           |
| PO BOX 861   |       | ?   |          | ?               |           |
| CID License Class:   |       | this data is no longer being collected by LWB |          |                 |           |
| CID License Number:  |       | 88149   |          |                 |           |

## I. PERMIT APPLICATION (instructions available on request)

Application is for:    New Permit    Registration - existing unpermitted system  
ME Modification of an existing system    ATS ownership transfer  
 Existing Permit No.(if applicable): SF040161

## II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)

A. Proposed liquid waste system use and design flow:  
X 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):    gpd  
   Other (type):    Fixture units:    gpd  
 B. Are there other sewage sources on this property?    Yes X No    gpd  
**TOTAL WASTEWATER FLOW ON PROPERTY -** 450 gpd

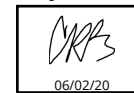
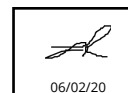
## III. SITE INFORMATION

A. Lot Size: 1.042 Acres Date of Record: NOT LISTED ON FORM; (15-MAR-04: rec'd)  
 (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:   

B. Depth from Ground Surface to:  
 Seasonal High Water Table 50 feet  
 Bedrock, Caliche, Tight Clay 50 feet  
 Gravel, Cobbles, Highly permeable soil 50 feet  
 C. Soil Description:  
 USDA Soil Class Methodology & Verification Submitted?    Yes  
   Type Ia=1.25 sf/gal/day    Type Ib=2 sf/gal/day    Type II= 2 sf/  
   Type III=2 sf/gal/day    Type IV=5 sf/gal/day  
 D. Domestic Water Source:  
   On-site X Off-site X Private    Public    Shared  
 Irrigation well, or flood irrigated area on lot?    Yes X No  
 State Engineer Well Permit #:     
 Name of Public Water System:   

## IV. SYSTEM DESIGN

   Experimental System  
 A. Treatment Unit:  
X Septic tank Manufacturer:    Capacity:  
 Certification No:     
   ATS (Advanced Treatment System)    Secondary    Tertiary     
   Other (specify):     
 Manufacturer:    Model:     
   Voluntary ATS  
 B. Disposal System:    Trench    Leaching Bed    Seepage P  
   Privy    Holding tank    Elevated Bed    Wisconsin  
   Vault    Lined Evapotranspiration (ET) Bed    Unlined E  
   Irrigation    Low pressure dosed X Drip    Gray water  
   Other (specify):     
 Materials: X Pipe & Gravel    Gravelless (type):     
 Distribution box:    Yes X No  
 C. Minimum required absorption area:  
 AR    x Q 450 =    Square  
 (AR - Application Rate) (Q - Design Flow)  
 Trench or Bed width =    ft.  
 Gravel depth below pipe =    ft.  
 Total Trench or Bed Length = 0  
 Length of Trenches = (1)   ; (2)   ; (3)   ; (4)     
 Number of Gravelless Units =     
 Proposed Absorption Area of System = 468 Square  
 D. Depth from ground surface to bottom of absorption area = 6



|                  |   |             |
|------------------|---|-------------|
| <b>NMED Use:</b> | A plat, drawing or picture, including setback distances, in accordance with 20.7.3.302: | IS attached |
|------------------|---|-------------|

Print Name \_\_\_\_\_

|                  |                                   |  |
|------------------|-----------------------------------|--|
| <hr/>            |                                   | <hr/>  |
| <b>Signature</b> |                                   | <b>Date</b>                                      |
| Owner            | Owner's Authorized Representative | Owner's Authorized Representative and Contractor |

**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 | <input checked="" type="checkbox"/> Granted subject to conditions | <input type="checkbox"/> Denied | NMED Permit to Construct No. | SF040161 |
|---------|---|---------------------------------|------------------------------|----------|

{no conditions listed}

|                            |                  |
|----------------------------|------------------|
| <b>JICKES</b>              | <b>17-NOV-04</b> |
| <b>NMED Representative</b> | <b>Date</b>      |

If you have questions call: (505) 827-1840

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

|                         |                     |        |      |           |
|-------------------------|---------------------|--------|------|-----------|
| NMED Inspection History | NMED Representative | JICKES | Date | 14-NOV-04 |
|-------------------------|---------------------|--------|------|-----------|

SETBACK by {No NAME found} on 14-NOV-04;CLEARANCE (FOUR FEET OF SUITABLE SOIL) by {No NAME found} on 14-NOV-04;LOT SIZE by {No NAME found} ...

| Granted | Granted subject to conditions | Denied | NMED Permit to Operate No. |
|---------|-------------------------------|--------|----------------------------|
|---------|-------------------------------|--------|----------------------------|

Conditions of Approval:

| NMED Representative | Date |
|---------------------|------|
|---------------------|------|

\_\_\_\_\_

=====

  X   No  
gal/day

l

\_\_\_\_\_

      ?

Sand filter

\_\_\_\_\_

\_\_\_\_\_

'it  
i Mound  
.T Bed  
:r

\_\_\_\_\_

Feet

\_\_\_\_\_

Feet  
\_\_\_\_\_ ft.

i,

Mexico  
ulation or

:

D to