



Jennifer Gingrich

dotloop verified
11/12/22 3:19 PM MST
PQAW-2ARM-Y01U-COF2

Sean Gingrich

dotloop verified
11/12/22 3:16 PM MST
XYD-1FID-PNGZ-PYLA

RA080064

LIQUID WASTE PERMIT

Permit Approved for 3 Bedrooms

NMED Inspection Required No Yes, Call (575) 445-3621 for Appointment

Date NMED Received: 07/03/08
CR # 2401



SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:
Casey Kathy + Robert

MAILING ADDRESS: Street/PO Box, City, State, Zip Code
2758 Delo Park San Demas CA 91773

SYSTEM LOCATION: Street Address/Location - give directions to site County:
SUNRISE OVERLOOK

SUBDIVISION	BLOCK	LOT	UNIFORM PROPERTY CODE		
<u>AF Chalets</u>		<u>1441</u>	<u>108914944079</u>		
TOWNSHIP	RANGE	SECTION	QTR QTR QTR	LATITUDE	LONGITUDE

INSTALLER'S NAME & FIRM: PHONE:
Piedra Lumbre Exc

MAILING ADDRESS: Street/PO Box, City, State, Zip Code
P.O. Box 211 ANGEL FIRE NM 87710

CID License No./Certification MM-1 MM-98 MS-1 MS-3 Homeowner
27931

I. PERMIT APPLICATION

- A. Proposed Liquid Waste System is for: New Construction
 Replacement of an existing system Modification to an existing system
- B. Manufactured Housing (mobile) Yes No
- C. Proposed System is: Conventional Mound Holding Tank
 Evapotranspiration Other; Describe: _____

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

- A. Proposed liquid waste system use and design flow:
 Single family residence with 3 no. of bedrooms 375 gpd
 Multiple family units; ___ no. of units; ___ no. bedrooms per unit ___ gpd
 Other (type) ___ Flow sizing units ___ gpd
- B. Are there other sewage sources on this property? Yes No ___ gpd
- TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION

- A. Lot Size: 3/4 Acres Date of Record: 8-17-73
(nearest 0.01 acre) (Plat Date or Subdivision Date)

- B. Depth from Ground Surface to:
 Seasonal High Water Table 7100 feet
 Bedrock, Caliche, Tight Clay ___ feet
 Gravel, Cobbles, Highly permeable soil ___ feet

C. Soil Description: (NMED may require both texture description and percolation rate)

- Texture:
 Coarse sand or gravel; (give percolation rate below)
 Sand; (give percolation rate below) Fine Sand
 Sandy Loam; Loam; Silty Loam;
 Clay Loam; Clay;
 Other; (describe) _____

D. Domestic Water Source: On-site Off-site;

- Private Public Shared
 State Engineer Well Permit # _____
 Name of Public Water System _____

Irrigation Well or Flood Irrigated Area on the lot. Yes No

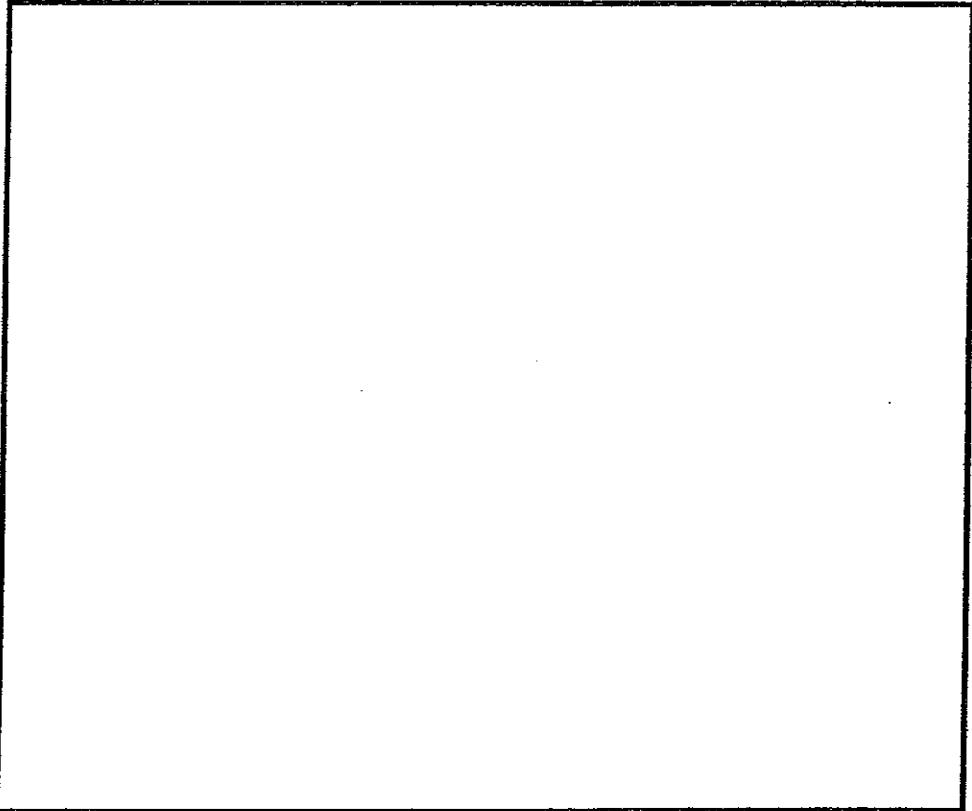
IV. SYSTEM DESIGN

- A. Treatment Unit
 Septic Tank Capacity 1000 Gallons
 Manufacturer: Silva Certification No: _____
 Other (specify): _____
- B. Disposal System: Trench Bed Seepage Pit Mound
 Evapotranspiration Other, Specify: _____
 Materials Pipe and Gravel Gravelless (specify) _____
- C. Minimum required absorption area 750 square feet
 Trench or Bed width ___ ft. Gravel depth below distribution pipe ___ ft.
 Total Trench or Bed length 20 ft. Number of trenches: 2
 Number of gravelless units _____
- D. Depth from ground surface to bottom of absorption area 1125 ft.

V. **SITE PLAN**: Diagram the lot and liquid waste system. Show setbacks to the objects listed below within 200 feet of system and the direction of groundwater flow. Give distances from:

Treatment Unit to:		Disposal System to:	
_____ ft.	Property line	_____ ft.	
_____ ft.	Property line	_____ ft.	
_____ ft.	Buildings	_____ ft.	
_____ ft.	Structures	_____ ft.	
_____ ft.	Wells	_____ ft.	
_____ ft.	Irrigation	_____ ft.	
_____ ft.	Arroyos	_____ ft.	
_____ ft.	Surface Water	_____ ft.	

Draw picture of system or attach a picture file



VI. 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 regulation or ordinance or other requirements of state or federal law.

Henry C. Martinez Signature 7/3/08 Date

____ Owner Contractor ____ Other ____

VII. **NMED PERMIT** A permit for construction of the liquid waste disposal system described herein is hereby:
____ Granted Granted subject to conditions ____ Denied
Conditions Reasons for Denial:

Permit is for a 3 Bedroom Home, 375 gallons per day, or the regular use of 5 people and no more. All components of liquid waste system must meet setback requirements. Contractor must call before covering any part of system. Contractor must provide a copy of house plans before final.
M. J. Steig NMED Representative 07/03/08 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 that the system is completed.

If you have questions call: _____

NMED Inspection History	NMED Representative	Date
<u>Initial</u>	<u>MJS</u>	<u>10/13/07</u>
<u>Initial</u>	<u>MJS</u>	<u>6/19/08</u>
<u>Final</u>	<u>MJS</u>	<u>07/29/08</u>

VIII. **NMED FINAL APPROVAL:**
The system described above was ____ was not inspected.
M. J. Steig NMED Representative 07/29/08 Date