



GENERAL INFORMATION		Liquid Waste Permit Number:	
To be completed by Owner or Owner's Representative		TA040262	
EXISTING PERMIT INFORMATION	Existing Permit Number(s) TA040262	Lot Size on Permit (to 0.01 acres) 2.66	Number of Bedrooms on Permit 3
CURRENT OWNER INFORMATION	Name SIGRID FREDRICKSON MONTECINOS	Mailing Address P.O. Box 131 Rancho De Tros NM 87557	Phone
PROPERTY INFORMATION	Site Address 23 LAS TUSAS	Uniform Property Code (13 digits, #-###-###-####) 1070147484058	Lot Size (to 0.01 Acres) .889
	Township/Range/Section 25N 12E 22	Subdivision	Lot/Tract/Block/Unit
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other:	Other structure on property being used as a residence? YES NO	Describe Current Number of Bedrooms In Other Residential Structures:
WATER SOURCE	Water Source (Circle One) Private Well Public Well Shared Well No. Connections	Well on your property? YES NO	Well Permit Number
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO	If YES, What Permit Numbers?	Describe Other Sources

THIRD PARTY EVALUATOR INFORMATION

To be completed by Third Party Evaluator, Owner or Owner's Representative

EVALUATOR INFORMATION				Name of Person Evaluating LW System <i>Chris Espinoza</i>		Name of Company <i>Chris Espinoza</i>		Phone Number <i>741-0485</i>	
THIRD PARTY EVALUATOR QUALIFICATION				MM-98 MM-01 MS-03 MS-01 PE NSF NEHA REHS/SRS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:		License/Certification# <i>30044</i>		Expiration Date	
SEPTAGE PUMPER INFO				Name of Company <i>Ray's Pumping</i>		Name of Septage Pumper <i>Bertin Baker</i>		Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? <i>YES</i> NO	

OTHER INFORMATION

NM ENVIRONMENT DEPT.
RECEIVED
JUL 27 2020
NMED/EHB

NOTICE TO OWNER OR AGENT:

1. This report shall not be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system.
2. A fee of \$50.00 will be charged by the department upon filing this report to be included in the official record.

Your signature below attests that the above detailed information is correct and true to the best of your knowledge.

Owner or Authorized Representative Name Printed INDE ANAYA	Signature 	Date 07-27-2020
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LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number:

TA040262

Septic Tank

LOCATION	Latitude (DD.ddddd) TA040262	Longitude (DDD.ddddd)	Elevation (Feet)
SIZE and MATERIALS	Size (gallons) 1000 1200 1500 Other: 1250	Material Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank SILVA'S
Tank Dimensions: (ext lth x wth x lg dth, inches) 5 x 8 x 7	Covers Secure? YES NO	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved) 30" feet	Year Tank Manufactured (as marked on tank) 2004
ACCESS RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade) YES NO Not Required	Effluent Filter? (Required 2005) YES NO Not Required	Handle on Effluent Filter within 6" cover? (Required 2013) YES NO Not Required
	Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable) 0 1 2	Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" req'd) 24" 30" Other:	Material: (metal prohibited) Concrete coated Plastic Concrete Type V
FUNCTIONALITY	How many Gallons were pumped for this evaluation? 1250 Gallons	Water Level in Tank at Outlet (Circle One) Above Invert At Invert Below Invert	Does Tank appear Level? (Circle One) YES NO
	Inlet Tee/Baffle (Circle One) Note: OK NOT OK	Outlet Tee/Baffle (Circle One) Note: OK NOT OK	Baffle Wall (Circle One) Note: OK NOT OK
VISIBLE DESCRIPTORS (Circle All that Apply)	Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed		
SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Confirm N A Distance: 100+ Feet	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Confirm N A Distance: 100+ Feet	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Confirm N A Distance: Feet
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm N A	To Property Lines, Structures, Waterlines Met Not Met Unable to Confirm N A	Setbacks to Disposal System Met Not Met Unable to Confirm N A
HOLDING TANK	Annual Operating Permit Approved? YES NO N/A	High Level Alarm working properly? YES NO N/A	Appears to be Watertight? YES NO N/A
			Pumping Records Available? YES NO N/A

Note any Problems, Concerns or Comments:

Installed Risers to GMP

JUL 27 2020

NMED/EHB

Disposal System

TYPE OF DISPOSAL SYSTEM Circle ALL that apply	Conventional Alternative/Other	Trench Seepage Pit Elevated System with Pressure-Dosing Low-pressure Dosed Vault Privy Constructed Wetlands	Pipe and Gravel Leaching Bed Wisconsin Mound Bottomless Sand Filter Other:	Chambers Elevated System with Lift Station ET Bed Sand-lined Trench Soil-Replacement	Synthetic Aggregate Other	Gray Water System Drip System
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A					
DISTRIBUTION BOX	Is there a D-Box on this system? YES NO UNABLE TO CONFIRM		Watertight & Equal Distribution of Flow? YES NO UNABLE TO CONFIRM		Access to D-Box? (Required 2013) YES NO	
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area? YES NO		Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 750		Method used to measure gallons? Bucket 5 gal, minutes: Approximate:	
	Any Indication of Previous Failure? YES NO		Seepage Visible on Lawn? YES NO		Lush Vegetation Present? YES NO	
	Evidence of Ponding Water in Field? YES NO N A UNABLE TO CONFIRM		Even Distribution of Effluent in Field? YES NO N A UNABLE TO CONFIRM		Any Septic Odor Present? YES NO	
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft) Met Not Met Unable to Confirm N A Distance: 100+ Feet		Setbacks to Neighbor's Well (100 ft) Met Not Met Unable to Confirm N A Distance: 100+ Feet		Setbacks to Public Water Well (200 ft) Met Not Met Unable to Confirm N A Distance: Feet	
	Setbacks: State Waters, Arroyos, Ditches Met Not Met Unable to Confirm N A		To Property Lines, Structures, Waterlines Met Not Met Unable to Confirm N A		Setbacks to Septic Tank Met Not Met Unable to Confirm	

LIQUID WASTE SYSTEM EVALUATION

Liquid Waste Permit Number:

TA040262

To be completed by Third Party Evaluator

FUNCTIONALITY

Does the Disposal System Appear to be Functioning Properly?

☒ YES NO

If proprietary product, was system installed in accordance with manufacturer's specifications and permit design?

☒ YES NO Unable to Confirm

Note any Problems, Concerns or Comments:

☐ Not Applicable check here if not applicable

Advanced Treatment System

ATSs can only be evaluated by a Qualified Maintenance Service Provider.

Are you a Qualified MSP? YES NO

TYPE OF ATS

Name of Manufacturer

Model/Capacity

What Level of Treatment

Secondary Tertiary Disinfection

FUNCTIONALITY

Aerator is working properly?
YES NO

System appears to have been properly maintained?
YES NO

Disinfection unit is working properly?
Chlorine UV Other:
YES NO N/A

Has System been meeting treatment levels required on permit?
YES NO DON'T KNOW

MAINTENANCE

Is there an active Maintenance & Monitoring Contract currently in effect?
YES NO
Name of MSP:

Has a Maintenance & Monitoring event occurred within last 180 days?
YES NO DON'T KNOW

Are Results of Maintenance & Monitoring Report Attached?
YES NO

ANNUAL OPERATING PERMIT

Annual Operating Permit Approved?
YES NO N/A

Mfr's Maintenance Checklist Attached:
YES NO

Level of Treatment Required for:

Lot size Clearance Setback Soil

Note any Problems, Concerns or Comments:

☐ Not Applicable check here if not applicable

Pump Systems

FUNCTIONALITY

Is pump operating properly?
YES NO

Is pump above Tank floor?
YES NO

High Level Alarm Works?
YES NO

Alarms and pumps on separate circuits?
YES NO

Is pump wiring protected?
YES NO

Both Audible & Visible Alarms present?
YES NO

Is there a Riser to Grade w/ Secure Lid?
YES NO

Is tank watertight and structurally sound?
YES NO

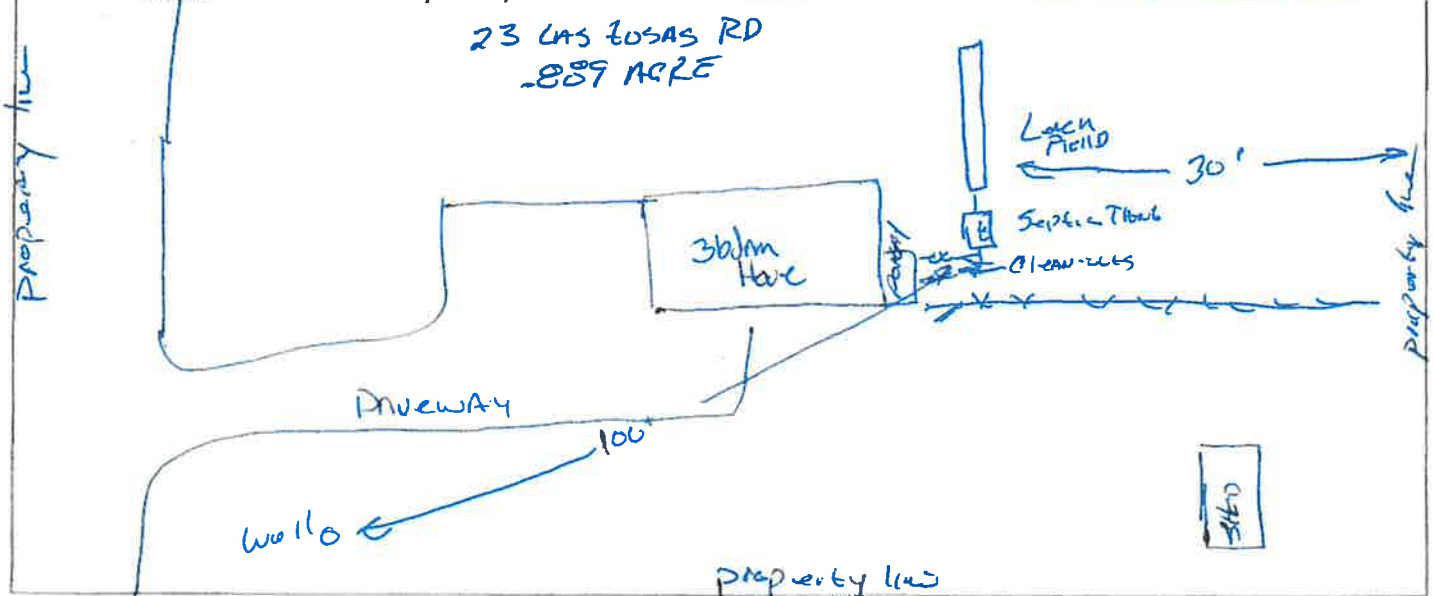
Is there a Check Valve & Purge/Vent Hole?
YES NO

Note any Problems, Concerns or Comments:

NM ENVIRONMENT DEPT.
RECEIVED

JUL 27 2020

Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)



Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number:

TA040262

Note: Unlicensed evaluators, septicage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system

Evaluation Criteria

(pursuant to Section 902(F) and (G) of 20.7.3 NMAC)

Circle One

You must circle one for each item or this form will be considered incomplete

1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	YES ¹	NO
2	Septic Tank/Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	NO ²
3	Disposal System	Does the disposal system appear to be functioning properly?	YES	NO ²
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	YES	NO ²
5	Setbacks and Clearances to all other than waters	Does the system appear to meet all setbacks and clearances to all other than waters and greater than 1 foot?	YES	NO ³
6	Lot Size Requirements	Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation, or in effect at the time of the most recent permitted modification?	YES	NO ³
7	Bedrooms/Design Flow	Has the number of bedrooms (or design flow) increased from the number of bedrooms or design flow stated on original permit?	YES ³	NO
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? (Required for All ATSS)	YES	NO ² N/A
Evaluator Recommendations		Liquid waste system appears to be functioning properly Septic Tank Needs Replacement Septic Tank Needs Repairs Disposal System Needs Replacement/Expansion or Repairs ATS Needs Replacement, Maintenance /Repairs Circle All that Apply Comments (describe any problems with the system and any repairs made):		

Only licensed contractors and their employees may construct, repair, or replace components of a permitted septic system, this includes the following activities; install risers, repair risers or broken riser covers, install tee's, install filters, repair or replace pumps or aerators, repair leaking tanks, install or repair inspection ports, provide invoices for said repairs and collect payments for licensed companies only

By signing below, I acknowledge that I personally conducted this evaluation & the information contained in this report is correct and true to the best of my knowledge.

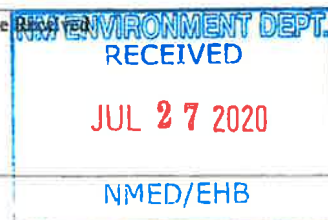
Evaluator's Name Printed <i>Chris Espinoza</i>	Evaluator's Signature <i>Chris Espinoza</i>	Date 07.27.2020
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The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.

For systems that do not meet the evaluation criteria specified above (1, 2 or 3), appropriate action shall be taken by the property owner to assure that these systems are brought into compliance with The Liquid Waste Regulations 20.7.3 NMAC. See Below

1	Immediate action is required by property owner to remedy hazard
2	A permit modification, system repairs or permit amendment are required. If permit modification is required, an application must be submitted to NMED Field Office within 15 days of this evaluation. The system must be brought into compliance with current standards. For ATSS, a current sampling report must be submitted.
3	No Action is required at this time. When system fails or it is modified, the system must be brought up to the standards of the regulations in effect at the time of system failure or modification. An advanced treatment system may be required.

NMED ONLY LIQUID WASTE FEE (\$50)	Fee Paid:	Invoice #	Date Paid:	Payment Received By
Return this completed report to the local NMED Field Office within 15 days of the evaluation. This form is valid for 180 days after the date the evaluation was conducted.			NMED DATE STAMP for Date Received	





STATE OF NEW MEXICO
ENVIRONMENT DEPARTMENT
FIELD OPERATIONS DIVISION
ONSITE LIQUID WASTE SYSTEM INSPECTION



System Owner's Name Fel. Poy Rodriguez NMED Permit No: TAC-10262
System Location: Jessie Rd
Installer's Name & Company: U
Type of Inspection: ☐ INITIAL ☒ FINAL ☐ REINSPECTION ☐ COMPLAINT ☐ OTHER
Inspector: CD Inspection Date: 8 Sep 01

1. BUILDING SEWER

- a. ☐ Correct Size and Material
b. ☐ Required Cleanouts Present, Installed Correctly & to Finish Grade
c. ☐ Pipe at Correct Grade (1/8" to 1/4" per foot)

2. PRETREATMENT

- a. ☐ Type: _____
b. ☐ Installed as per Plans or Manufacturer's Instructions
c. ☐ Other: _____

3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT

- Type: → ☐ Concrete ☐ Plastic/Fiberglass ☐ Sec./Tert. Treatment Unit
a. ☐ Located as per Site Plan
b. ☐ Correct Setbacks
c. ☐ Tank Certified; Correctly Labeled
d. ☐ Tank Correctly Oriented, Level & Depth Below Grade
e. ☐ Bottom of Outlet Pipe 2" Lower than Bottom of Inlet Pipe
f. ☐ Inlet / Outlet Pipes Sealed & Watertight
g. ☐ Inlet / Outlet Baffle or Tee with Legs Extending 12" Minimum Below Liquid Level; Outlet Filter Installed if Required
h. ☐ Tank & Fittings Correctly Vented
i. ☐ Concrete Tank: Coated & Material Correct OR Type V Concrete
j. ☐ Outlet Pipe Correct Size & Material, Correct Grade
k. ☐ Manholes Correctly Sized & Located
l. ☐ Manhole Risers at Correct Height, Diameter, Coated & Lids
m. ☐ Tank Correctly Backfilled and Covered; Fiberglass / Plastic Tank Installed per Manufacturer's Instructions
n. ☐ Advanced Treatment Unit Installed per Manufacturer's Instructions
o. ☐ Water Tightness Test Required: ☐ Pass ☐ Fail
p. ☐ 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) Switches & Alarms Present and Installed Correctly
d. ☐ Manholes, Risers, Lids Correct and Water Tight

5. TEE OR DISTRIBUTION BOX

- a. ☐ Pipe To and From Tee or "D" box 4" Diameter
b. ☐ Tee Level; Correct Type; Oriented Correctly
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; Flow Equal 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 Correct: Type- _____
b. ☐ Clearance to Ground Water or Limiting Layer Correct

- c. ☐ Trench / Bed Sized Correctly:
Dimensions: Trench/ Bed _____
Number: Chambers _____ Seepage Pit(s) _____
Other: Type _____ Size/Units _____
d. ☐ Correct Setbacks
e. ☐ Excavation at Correct Grade
f. ☐ Spacing Between Trenches or Beds Correct
g. ☐ Smeared Soils Not Present on Trench or Bed
h. ☐ Aggregate Correct Type, Size, Clean and Amount
i. ☐ Correct Depth of Aggregate Above and Below Pipe
j. ☐ Lines On Correct Grade - 0" to 3" of Fall per 100'
k. ☐ Pipe Correct Size - 4" Minimum Diameter & Type
l. ☐ Aggregate Correctly Covered with Approved Material
m. ☐ Other: _____

For Seepage Pits:

- a. ☐ Top cover: Underside Correctly Coated & Extends to Natural Ground
b. ☐ Domed covers covered with minimum 2" concrete extending 6" beyond pit wall
c. ☐ Brick or block laid end to end with staggered tight joints
d. ☐ Side wall inlet properly vented
e. ☐ Inlet/outlet fittings properly sealed with cement

For Other Disposal Methods:

- a. ☐ Type: _____
b. ☐ Installed per Plans or Manufacturer's Instructions
c. ☐ Other: _____

Comments/ Violations:

ALL 677801
03692-851
610538.92
- Structure under construction to be
used as container - cp.
- Sealed @ bottom of pipes
OK to proceed - cp.

- ☐ Continued on attached Sheet(s)
☐ Installation Approved
☒ Installation Approved w/conditions
(See Comments/Violations)
☐ Installation Not Approved
(See Comments/Violations)

Inspector's Signature: P. J.



NEW MEXICO
ENVIRONMENT
DEPARTMENT

PERCOLATION TEST RECORD
FOR INDIVIDUAL LOTS

OWNER'S NAME - Last, First and Middle <u>Rodriguez Felipe Antonio</u>	HOME PHONE <u>755 4050</u>	BUSINESS PHONE <u>770 1398</u>
MAILING ADDRESS - Street/P.O. Box, City, State and Zip Code <u>P.O. Box 1031 Rancho de Taos NM 87557</u>		
LOCATION OF PROPERTY <u>Tusas Rd In los Cordovas</u>		

Test Hole Number 1

Depth of hole 40"

Time	Distance to Top of Water	Actual Water Level Drop
<u>8:30</u>	<u>30</u>	
<u>8:40</u>	<u>33</u>	<u>3"</u>
<u>8:50</u>	<u>35</u>	<u>2"</u>
<u>9:00</u>	<u>36 1/2</u>	<u>1 1/2"</u>
<u>9:05</u>	<u>30</u>	
<u>9:15</u>	<u>31 1/2</u>	<u>1 1/2"</u>
<u>9:25</u>	<u>32 3/8</u>	<u>1 3/8"</u>
<u>9:35</u>	<u>34</u>	<u>1 1/8"</u>
<u>9:45</u>	<u>35 1/8</u>	<u>1 1/8"</u>

Test Hole Number 2

Depth of hole 40

Time	Distance to Top of Water	Actual Water Level Drop
<u>10:00</u>	<u>28</u>	
<u>10:10</u>	<u>30</u>	<u>2"</u>
<u>10:20</u>	<u>32</u>	<u>2"</u>
<u>10:30</u>	<u>33 3/4</u>	<u>1 3/4"</u>
<u>10:40</u>	<u>35</u>	<u>1 1/4"</u>
<u>10:45</u>	<u>30 Refill</u>	
<u>10:55</u>	<u>31 1/4</u>	<u>1 1/4"</u>
<u>11:05</u>	<u>32 1/2</u>	<u>1 1/4"</u>
<u>11:15</u>	<u>33 5/8</u>	<u>1 1/8"</u>

Percolation Rate

Percolation rate = Time interval used, in minutes ÷ Last water level drop, in inches

Test Hole Number 1 : minutes / inches = 10 min 1 1/8 min/in

Test Hole Number 2 : minutes / inches = 10 min 1 1/8 min/in Average 8.88 min/in

Test completed by: Felipe A Rodriguez Date: 8/9/04

☒ Owner ☐ Contractor ☐ Other -specify _____

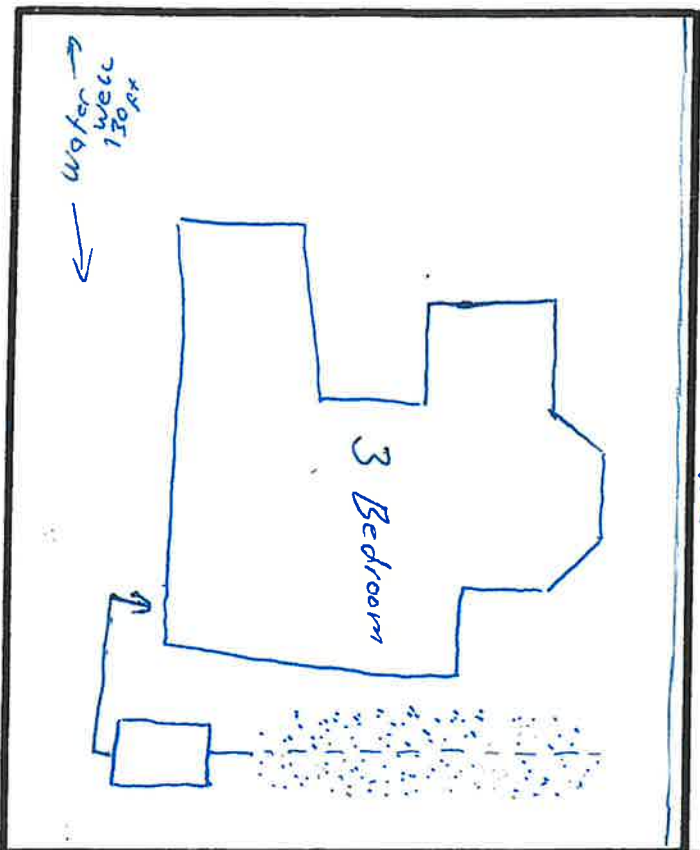
Report reviewed by: _____

Date: _____

Title: _____

Treatment Unit to: Disposal System to:

20	ft.	Property line	20	ft.
20	ft.	Property line	20	ft.
20	ft.	Buildings	20	ft.
30	ft.	Structures	30	ft.
150	ft.	Wells	140	ft.
102	ft.	Irrigation	100	ft.
180	ft.	Arroyos	180	ft.
—	ft.	Surface water	30	ft.



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.

Signature José A. Rodriguez

Date 8/9/09

☒ Owner ☐ Contractor ☐ Other

VII. NIMED PERMIT A permit for construction of the liquid waste disposal system described herein is hereby:

X Granted _____ Granted subject to conditions _____ Denied
Conditions _____ Reasons for Denial: _____
Will need inspection before cover-up.

31 Dec
 NMED Representative
 W. K. Jones
 #2 Aug 04
 8/12/04 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
A11067784	P 2872.851', 4 10° 35.405'	
- show needed, tank not let seated before covering, well not drilled		
OK to cover once lifted completed - 8 Sept 01		

VIII. NMEU FINAL APPROVAL:

The system described above X was _____ was not inspected

12 8 Sept 01

NMED Representative _____ Date



APPLICATION FOR A
LIQUID WASTE PERMIT

NMED Permit Number: 17042

NMED Inspection Required No Yes, Call 770-1398
for Appointment Date NMED Received: 11/10/2004

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:
Felipe A Rodriguez 7584050 7701398
MAILING ADDRESS: Street/PO Box, City, State, Zip Code
PO Box 1071 Rancho de Taos NM 87557
SYSTEM LOCATION: Street Address/Location - give directions to site County:
Tusas Rd By were Rd gits New

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE
San Jose Grant Tract 68 Map 42 and part of Map 25
TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE
25 North 12 East 22 West
INSTALLER'S NAME & FIRM: PHONE:
Silva 1250 gal tank Instal by
MAILING ADDRESS: Street/PO Box, City, State, Zip Code
Self
CID License No./ Certification MM-1 MM-98 MS-1 MS-3
Homeowner

I. PERMIT APPLICATION (Instructions on back of pink copy)
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 ☐ Mound ☐ Holding Tank
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: 2.66 Acres
(nearest 0.01 acre)
Date of Record: 2/8/2004
(Plat Date or Subdivision Date)

B. Depth from Ground Surface to:
Seasonal High Water Table 30 feet
Bedrock, Caliche, Tight Clay 6 feet
Gravel, Cobbles, Highly permeable soil 7 feet

C. Soil Description: (NMED may require both texture description and percolation rate)
Texture:
☒ Course sand or gravel; (give percolation rate below)
☐ Sand; (give percolation rate below) ☐ Fine Sand
☐ Sandy Loam; ☐ Loam; ☐ Silty Loam
☐ Clay Loam; ☐ Clay;
☐ Other; (describe) _____

Soil Percolation Rate: 8.88 min/inch (attach percolation record)
D. Domestic Water Source: ☒ Private ☐ On-site ☒ Off-site;
☐ Irrigation Well or Flood Irrigated Area on the lot ☐ Yes ☐ No

IV. SYSTEM DESIGN
A. Treatment Unit:
☒ Septic Tank Capacity 1250 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 358 square feet
Trench or Bed width 2 ft. Gravel depth below distribution pipe 3 ft.
Total Trench or Bed length 60 ft. Number of trenches: _____
Number of gravelless units _____

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