State of New Mexico
ENVIRONMENT DEPARTMENT
Environmental Health Division
District II Taos Field Office
P.O. Box 208/1041G Reed Rd
Taos, NM 87571
Phone (505)758-8808 Fax (505)758-9851
www.nmenv.state.nm.us

BILL RICHARDSON
Governor

RON CURRY
Secretary

CINDY PADILLA
Deputy Secretary

ANA MARIE ORTIZ
Director

To Whom It May Concern:

Enclosed is a copy of your liquid waste permit. The system is now approved for use as an on-site liquid waste disposal system as required by the New Mexico Liquid Waste Disposal Regulations. The permit provides details about your system including tank location and field layout. Please retain the permit in your permanent records.

Adequate planning will enhance your future options. Should you modify your system in the future i.e. the size of your lot decreases, or the total design flow for the lot increases (addition of bedrooms, guesthouses, etc.) re permitting of the system will be required to determine it's compliance under the current Liquid Waste Disposal Regulations.

Also included is the information sheet titled "The Care and Feeding of Your Septic Tank". It outlines the care and maintenance needed to keep your septic system functioning. Special care should be taken to avoid flushing household hazardous chemicals into the waste system. Drain cleaners, toilet bowl cleaners, chlorine bleach and other chemicals marked *caustic* or *poison* can, in large quantities, create problems in your septic tank.

Check the tank annually and plan to have it pumped out every 3-5 years.

Planting grass seed on the disturbed soil will help prevent erosion. Avoid driving over the tank or the field. Building decks, driveways or other permanent structures over any part of the system may cause the septic system to fail.

If you have questions or concerns, please do not hesitate to call this office at 758-8808.

Sincerely,
New Mexico Environment Department
Taos Field Office

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LIQUID WASTE PERMIT RECEIPT

LW PERMIT NO: TA070259

OWNER'S NAME: Urbanejo, Richardo & laura

OWNER'S ADDRESS: P.O. Box 243 Ranchos de Taos

PROPERTY ADDRESS: El Mirador Subdivision

TYPE OF FEE:

- X CONVENTIONAL - $100.00
- □ CONVENTIONAL MODIFICATION / REPAIR - $50.00
- □ COMMERCIAL CONSTRUCTION / MODIFICATION / REPAIR - $150.00
- □ ADVANCED OR ALTERNATIVE CONSTRUCTION - $150
- □ ADVANCED OR ALTERNATIVE MODIFICATION / REPAIR - $75.00
- □ RE-INSPECTION - $50.00
- □ VARIANCE - $50.00

PAYMENT RECEIVED FROM: Ken Wolosin

PAYMENT: AMOUNT $100.00

CHECK # 12113

PAYMENT RECEIVED BY: [signature] **DATE:** 7/16/07

APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA070259
Permit Approved for 3 Bedrooms

NMED Inspection Required ___ No Y Yes, Call 758-8808 for Appointment

Date NMED Received:

SYSTEM OWNER'S NAME: Last, First, MI — URBANEJO, Ricardo + Laura
Home Phone: 408 840 1300, Business Phone: 505 751 1233

MAILING ADDRESS: Street/PO Box, City, State, Zip Code — PO Box 243, RANCHOS DE TAOS, NM, 87557

SYSTEM LOCATION: Street Address/Location - give directions to site — County: TAOS
EL MIRADOR SUBDIV LOT 24, Near STAKEOUT REST. ON Calle Mirador

SUBDIVISION	BLOCK	LOT	UNIFORM PROPERTY CODE
EL MIRADOR		24	1069143052235

TOWNSHIP	RANGE	SECTION	QTR	QTR	QTR	LATITUDE	LONGITUDE
24N	12E	8,9,16					

INSTALLER'S NAME & FIRM: ERNEST'S Plumbing + Excavating — PHONE: 758-7313
MAILING ADDRESS: Street/PO Box, City, State, Zip Code — P.O. Box 129, EL PRADO NM. 87529

CID License No./Certification	MM-1	MM-98	MS-1	MS-3	Homeowner
11416	✓				

I. PERMIT APPLICATION

A. Proposed Liquid Waste System is for: X New Construction ___ Replacement of an existing system ___ Modification to an existing system

B. Manufactured Housing (mobile) ___ Yes X No

C. Proposed System is: X 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 X No — 0 gpd

TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION

A. Lot Size: 11.93 Acres Date of Record: June 1996

B. Depth from Ground Surface to:
Seasonal High Water Table 120+ feet
Bedrock, Caliche, Tight Clay 40+ 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; X Loam; ___ Silty Loam;
___ Clay Loam; ___ Clay;
___ Other; (describe)

D. Domestic Water Source: X On-site ___ Off-site;
X Private ___ Public X Shared
State Engineer Well Permit # RG 79302
Name of Public Water System

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

RECEIVED
JUL 14 2007
N.M. ENVIRONMENT DEPT
DISTRICT 11
TAOS FIELD OFFICE

IV. SYSTEM DESIGN

A. Treatment Unit
X Septic Tank Capacity 1000 Gallons
Manufacturer: ERNEST Certification No: NM 98-08-221A
___ Other (specify):

B. Disposal System: X Trench ___ Bed ___ Seepage Pit ___ Mound
___ Evapotranspiration ___ Other, Specify:
Materials X Pipe and Gravel ___ Gravelless (specify)

C. Minimum required absorption area 750 square feet
Trench or Bed width 2 ft. Gravel depth below distribution pipe 3 ft.
Total Trench or Bed length 55 ft. Number of trenches: 2
Number of gravelless units

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:	
150+	ft.	Property line	150+	ft.
"	ft.	Property line	"	ft.
30+	ft.	Buildings	40+	ft.
"	ft.	Structures	"	ft.
300+	ft.	Wells	300+	ft.
NONE	ft.	Irrigation	NONE	ft.
"	ft.	Arroyos	"	ft.
1200+	ft.	Surface Water	1200+	ft.

Draw picture of system or attach a picture file Ernest-inc Site Plan

See site plan

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.

Ernest N. Gonzales — **Signature**

7-9-07 — **Date**

___ Owner X Contractor ___ Other ___

VII. **NMED 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 require inspection prior to cover-up.

E De — **NMED Representative**

13 July 2007 — **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.

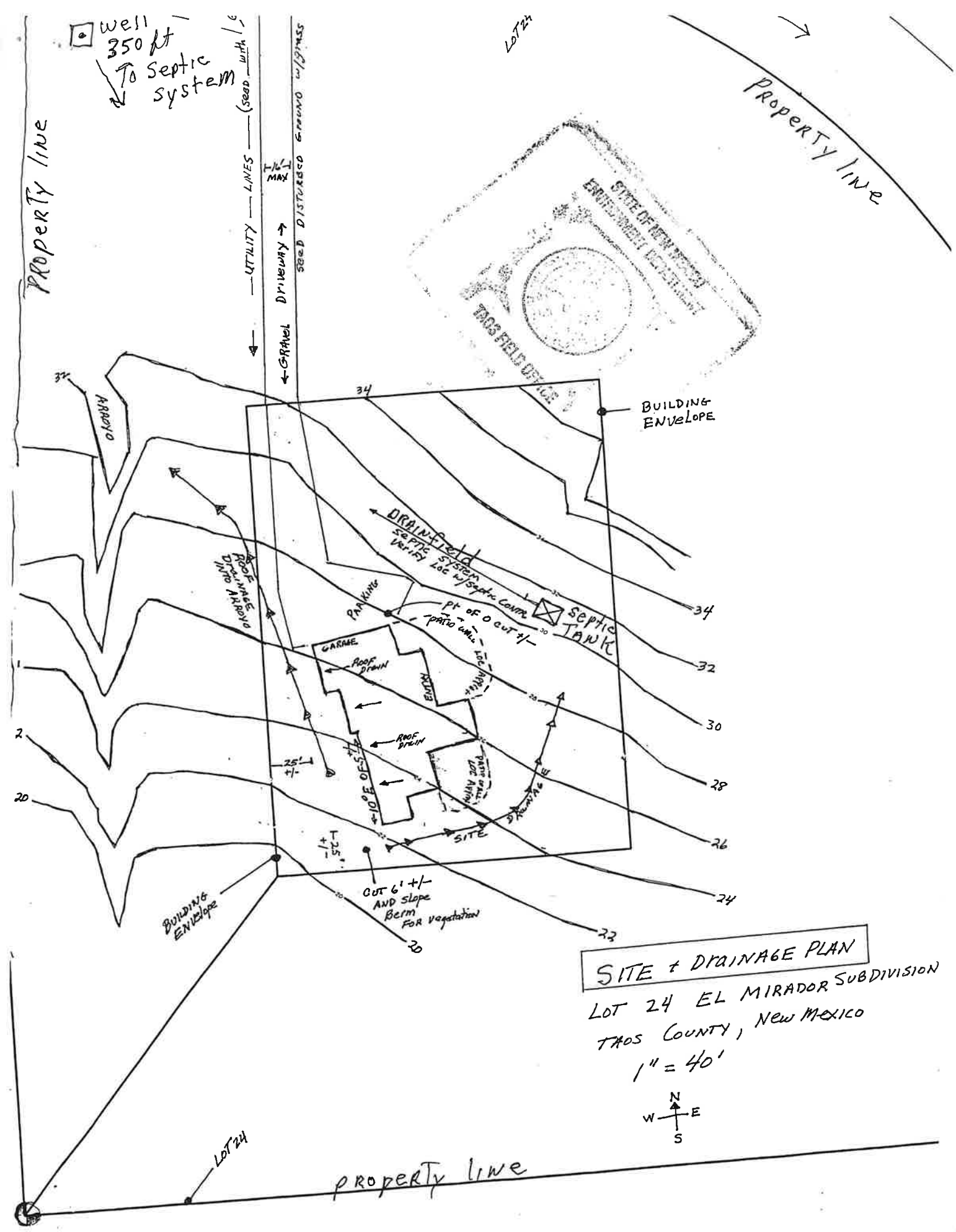
If you have questions call: ___

NMED Inspection History	NMED Representative	Date

VIII. **NMED FINAL APPROVAL:**

The system described above ___ was ___ was not inspected.

NMED Representative — **Date**



SITE & DRAINAGE PLAN

LOT 24 EL MIRADOR SUBDIVISION

TAOS COUNTY, NEW MEXICO

1" = 40'

STATE OF NEW MEXICO
ENVIRONMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

ONSITE LIQUID WASTE SYSTEM INSPECTION

NMED Permit No: TA022359 Applicant's Name Urbanejo, Richard
Address
Type of Inspection: ☐ INITIAL ☒ FINAL ☐ REINSPECTION ☐ COMPLAINT ☐ OTHER

1. BUILDING SEWER

a. OK Correct Size and Material *20.7.3.813.C*
b. OK Required Cleanouts Present, Installed Correctly & to Finish Grade *20.7.3.813.B*
c. OK 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. OK Located as per Site Plan *20.7.3.401.I* 1750
b. OK Correct Setbacks *20.7.3.302, Table 302.1*
c. OK Tank Certified; Correctly Labeled *20.7.3.501; 20.7.3.501.B.4*
d. OK Tank Correctly Oriented, Level & Depth Below Grade *20.7.3.501.J.7*
e. OK Inlet / Outlet Pipes Sealed & Watertight
f. OK Inlet / Outlet Baffle or Tee with Branch Extending 12" Minimum Below Liquid Level
g. OK Effluent Filter Installed, Riser to Grade
h. OK Tank & Fittings Correctly Vented
i. OK Concrete Tank: Coated & Material Correct **OR** Type V Concrete
j. OK Outlet Pipe Correct Size & Material
k. OK Manholes Correctly Sized & Located
l. OK Manhole Risers at Grade, Diameter, Secure Lids & Coated
m. NA 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. NA 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. OK 4" Diameter
b. OK Tee Level/Header
c. NA "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. OK 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. OK Soil Type Verified
b. OK Correct Clearance to Ground Water or Limiting Layer
c. OK Correctly sized disposal area 55 | 55
d. OK Correct Setbacks
e. OK Excavation at Correct Grade
f. OK Correct Spacing Between Trenches or Beds
g. OK Smeared Soils Not Present on Trench or Bed
h. OK Correct Aggregate; Type, Size, Clean and Amount
i. OK Correct Depth of Aggregate Above and Below Pipe
j. NV Correct Pipe; 2-hole, 4" Minimum Diameter, End Caps
k. OK Aggregate Covered with Approved Material
l. NA Pipe Covered with Geotextile Fabric in Place of Aggregate
m. OK Inspection Port(s), Capped
n. NA 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. V Fluoride: _____ (mg/L)

8. GIS COORDINATES

Well: lat_____ long_____
Elev N36.39722
Sys: lat N36.39722 long W105.67591

9.

Elev 7150

COMMENTS/VIOLATIONS

☐ Continued on attached Sheet(s)

OK to cover-up

☐ Installation **Approved**
☐ Installation **Approved w/conditions** (See Comments/Violations)
☐ Installation **Not Approved** (See Comments/Violations)

10. Final Approval

☒ Granted ☐ Not Granted

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, 9 Apr. 08 Date

Additional comments:

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

Revised 10/06