



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TA040414

NMED Inspection Required No Yes, Call 758-8808 for Appointment Date NMED Received:

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone: Fitzgerald Tom & Rhonda (802) 635-3503 (505) 779-0208

MAILING ADDRESS: Street/PO Box, City, State, Zip Code: 454 Coddens Hollow Johnson UT 85656

SYSTEM LOCATION: Street Address/Location - give directions to site: Lot C-4 County Rd 110 to right on Adams to Somatha go left 1st lot on right

Table with columns: SUBDIVISION, BLOCK, LOT, RANGE, SECTION, QTR, QTR, QTR, LATITUDE, LONGITUDE. Row: Rancho Orchard 11 9+10 25N 12E 23

INSTALLER'S NAME & FIRM: Pitner Excavation PHONE: 758-5410

MAILING ADDRESS: Street/PO Box, City, State, Zip Code

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

I. PERMIT APPLICATION (Instructions on back of pink copy)

- A. Proposed Liquid Waste System is for: [X] New construction [] Replacement of 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:
[X] Single family residence with 3 no. of bedrooms Multiple family units; no. of units; no. bedrooms per unit Other (type)
Flow sizing units: 375 gpd
B. Are there other sewage sources on this property? Yes [X] No []

TOTAL WASTEWATER FLOW ON PROPERTY = 375 GPD

III. SITE INFORMATION

A. Lot Size: 1.424 Acres (nearest 0.01 acre) Date of Record: July 04 (Plat Date or Subdivision Date) plat# 04070-C

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

> 100 feet

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

- [X] Course sand or gravel; (give percolation rate below) Sand; (give percolation rate below) Fine Sand Silty Loam; Loam; Clay; Other, (describe)
Soil Percolation Rate: 15 min/inch (attach percolation test record)

D. Domestic Water Source: [X] On-site [] Off-site; [X] Private [] Public Shared
Irrigation Well or Flood Irrigated Area on the lot. Yes [X] No []

IV. SYSTEM DESIGN

A. Treatment Unit: [X] Septic Tank Capacity 1200 Gallons Manufacturer: Silvas Certification No.
Other (specify):

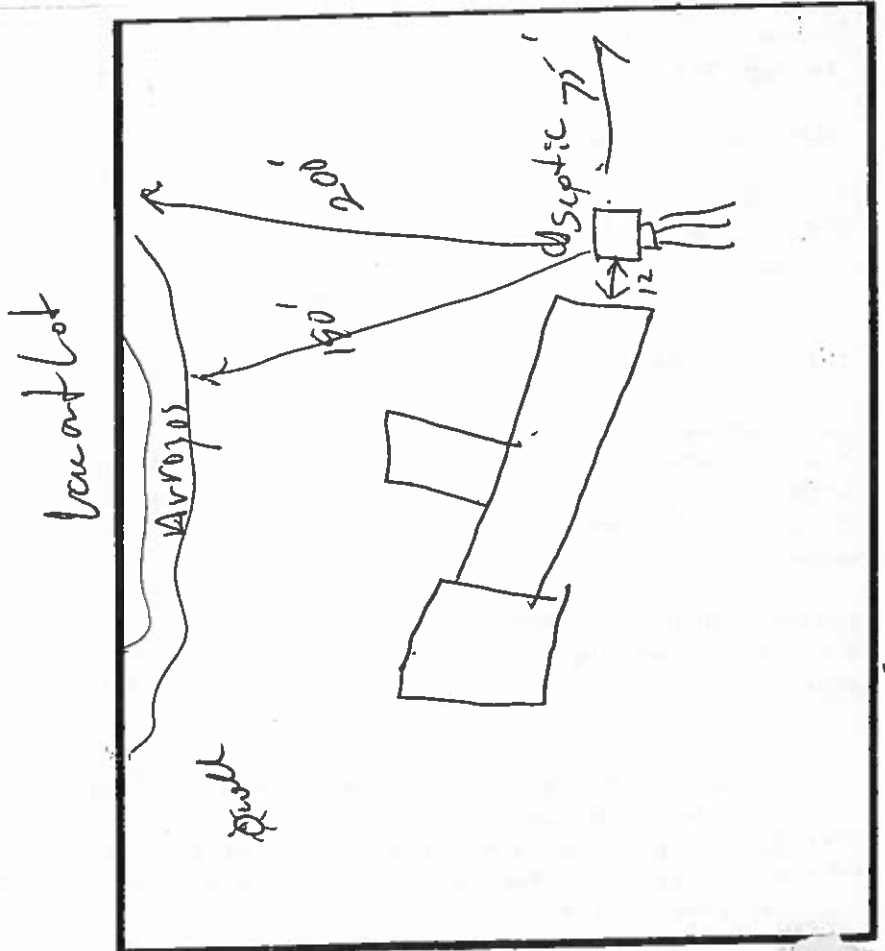
B. Disposal System: [X] Trench [] Bed [] Seepage Pit [] Mound
Evapotranspiration [] Other, specify:
Materials: Pipe and gravel [X] Gravelless (specify)

C. Minimum required absorption area 4604 square feet
Trench or Bed width ft. Gravel depth below distribution pipe ft.
Total Trench or Bed length ft. Number of trenches: 16 units

D. Depth from ground surface to bottom of absorption area 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:
12 ft. Property line	75 ft.
ft. Property line	200 ft.
ft. Buildings	301 ft.
ft. Structures	ft.
ft. Wells	300 ft.
ft. Irrigation	0 ft.
ft. Arroyos	190 ft.
ft. Surface water	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: [Signature] Date: 11-17-04

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: will need inspection before cover-y.

ED Representative Weking 11/17/04 Date 11-17-2004

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 _____

N56° 21.364' E 160' 6213'

N 105° 40.798'

OK to cover-y 4 April 05

VIII. NMED FINAL APPROVAL: _____

The system described above was _____ was not inspected.

Signature: [Signature] Date: 4 April 05

NMED Representative _____