



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: TAO30393

Date NMED Received: _____

for Appointment

NMED Inspection Required No Yes, Call

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:
Mintada A Steven 770-1813-758628 758628
MAILING ADDRESS: Street/PO Box, City, State, Zip Code
P.O. Box 661 Panacea NM 87053
SYSTEM LOCATION: Street Address/Location - give directions to site
B.007 Hondo Mesa Rd.
H 23 Streets Rd. Canyon East Mesa San Jd. Co. NM

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 min/inch (attach percolation test report)

UNIFORM PROPERTY CODE
BLOCK LOT
TOWNSHIP RANGE SECTION QTR QTR QTR QTR LATITUDE LONGITUDE
26N 12E 04
INSTALLER'S NAME & FIRM:
Sam Lucero Lucero's Excavation 758177
MAILING ADDRESS: Street/PO Box, City, State, Zip Code
Hk 78 box 914 Ranchar de Ibaos NM 87557
CID License No./ Certification MM-1 MM-98 MS-1 (MS-3) Homeowner
50614

D. Domestic Water Source: On-site Off-site;
Private Public Shared
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.: NM 98-06-189
Other (specify):
B. Disposal System: Trench Bed Seepage Pit Mound
Evapotranspiration Other, specify:
Materials: Pipe and gravel Gravelless (specify) Inf.

C. Minimum required absorption area 339 square feet
Trench or Bed width 3 ft. Gravel depth below distribution pipe ft.
Total Trench or Bed length 24 ft. Number of trenches: 2
Number of gravelless units 12
D. Depth from ground surface to bottom of absorption area 3-4 ft.

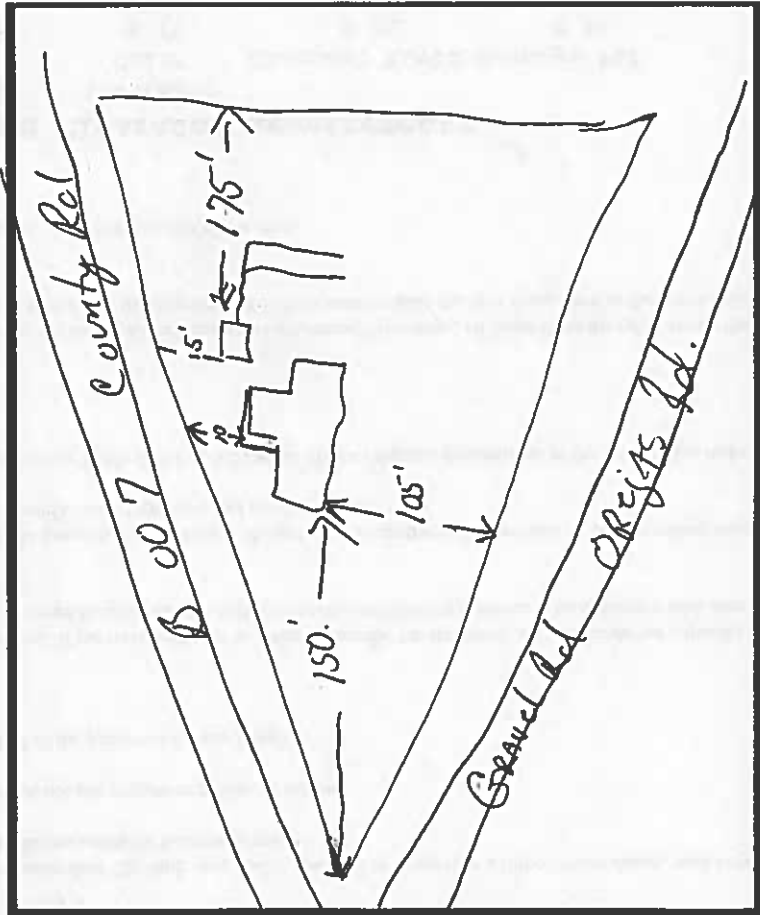
I. PERMIT APPLICATION (Instructions on back of pink copy)
A. Proposed Liquid Waste System is for: New construction
Replacement of an existing system Modification to an existing system
B. Manufactured Housing (mobile) Yes No
C. Proposed System is: Conventional Mound Holding Tank
Evapotranspiration Other, 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
TOTAL WASTEWATER FLOW ON PROPERTY = 375 GPD

III. SITE INFORMATION
A. Lot Size: Acres
Date of Record:
(Plat Date or Subdivision Date)

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SEP 29 2003
ENVIRONMENTAL DEPT
FIELD OFFICE

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:
35 ft. Property line	45 ft.
100 ft. Property line	105 ft.
150 ft. Buildings	25 ft.
200 ft. Structures	210 ft.
— ft. Wells	— ft.
— ft. Irrigation	— ft.
— ft. Arroyos	— 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 Sept. 19 2003

____ 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: _____

William C. King _____ 9/22/03
 NMED Representative Date 9/22/03

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 _____
SITE INSPECTION - APPROVED WITH CONDITIONS
REPLACEMENT

VIII. **NMED FINAL APPROVAL:**

The system described above was _____ was not inspected.
W.C. King _____ 10/20/03
 NMED Representative Date



DEPARTMENT OF ENVIRONMENT AND PLANNING

PERCOLATION TEST RECORD FOR INDIVIDUAL LOTS

OWNER'S NAME - Last, First and Middle: MIRANDA # STEVEN
MAILING ADDRESS - Street/P.O. Box, City, State and Zip Code: P.O. Box 661 Pensacola, FL 32553
LOCATION OF PROPERTY: 1107 Honda's Way Rd. # 23, Orangeburg Rd. corner lot

Test Hole Number 1: 36
Test Hole Number 2: 36

Depth of hole	Distance to Top of Water	Actual Water Level Drop	Time	Percolation Rate
3:30	26	2 3/4	3:30	10 / 1.25 = 8 min/in
3:40	27 3/4	2 3/4	3:40	10 / 1.25 = 8 min/in
3:50	28 1/2	1 1/4	3:50	10 / 1.25 = 8 min/in
4:00	29 3/4	1 1/4	4:00	10 / 1.25 = 8 min/in
4:10	31	1 1/4	4:10	10 / 1.25 = 8 min/in
4:20	32 1/4	1 1/4	4:20	10 / 1.25 = 8 min/in
4:30	29 1/2	1 1/4	4:30	10 / 1.25 = 8 min/in
4:40	30 1/2	1	4:40	10 / 1.25 = 8 min/in
4:50	31 3/4	1 1/4	4:50	10 / 1.25 = 8 min/in

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

Test Hole Number 1: 10 minutes / 1.25 inches = 8 min/in

Test Hole Number 2: 10 minutes / 1.25 inches = 8 min/in

Test completed by: *Sam Jones* Date: 9-16-03

Owner Contractor Other-specify

Report reviewed by: _____ Title: _____ Date: _____

BUSINESS PHONE: _____ HOME PHONE: 758-6200

0 Centrl

14001 Land

0 Impr

0 P.P.

0 M.H.

0 Livstk

NM 87553

PO BOX 661

PENASCO

Pos to()

Property Description

1 069 156 050 218

FILE M 329 PG 151

SECTION-04 TOWNSHIP-26N RANGE-12E

1.00 ACRE

PART OF TRACT 1 MAP 54 SURVEY 4

1-01

N/R-Values Full

N/R-Values Taxable

N/R-Values Net

14001
4667
4667

F3=Cancel F4=Prompt() F6=Change Years F12=Return

Bottom

Print=Y

Year 2003
RACHEL
14001 Full
4667 Taxbl
0 Exmpt

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



System Owner's Name: M. PAMPA A STEUER NMED Permit No: TA030392

System Location: #23 Mesa Sci Road, Honda Mesa

Installer's Name & Company: Lucero

Type of Inspection: INITIAL FINAL REINSPECTION COMPLAINT OTHER

Inspector: Lucero Inspection Date: 10/17/03

1. BUILDING SEWER NOT INSTALLED

- 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 Outlet Pipe Correct Size & Material, Correct Grade
- j. Manholes Correctly Sized & Located
- k. Manholes Risers at Correct Height, Diameter, Coated & Lids Installed per Manufacturer's Instructions
- l. Tank Correctly Backfilled and Covered; Fiberglass / Plastic Tank Installed per Manufacturer's Instructions
- m. Advanced Treatment Unit Installed per Manufacturer's Instructions
- n. Water Tightness Test Required: Pass Fail
- o. 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: INSTALL D BOX

6. DISPOSAL TRENCH OR BED

- Type: Trench Chamber Bed Seepage Pits Other
- a. Soil Type Correct: Type _____
- b. Clearance to Ground Water or Limiting Layer Correct

Trench / Bed Sized Correctly:

- c. Dimensions: Trench/ Bed
- Number: Chambers _____ Seepage Pits(s) _____
- Other: Type _____ Size/Units _____

Correct Setbacks

- d. Excavation at Correct Grade
- e. Spacing Between Trenches or Beds Correct
- f. Smeared Soils Not Present on Trench or Bed
- g. Aggregate Correct Type, Size, Clean and Amount
- h. Correct Depth of Aggregate Above and Below Pipe
- i. 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:

REPLACE T WITH D-BOX WITH LINE TO EACH LANE OF INFILTRATORS

THEN

OK TO COVER

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

Inspector's Signature: Lucero