



TAOS FIELD OFFICE
DISTRICT 11
ENVIRONMENT DEPT
N.M.

0102 12 130

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

DEADLINE received: Jan TR950202

NMED Permit Number: TR100217

NMED Use Only: to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 754
Call TR950202 Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other: 5

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:

MORRIS Robert & Jane 575-776-5144 State Zip Code

MAILING ADDRESS: Street/PO Box City State Zip Code
P.O. Box 1361 El Prado N.M. 87529

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)

35 Juan de Dios, Arroyo Seco, N.M. 87514

SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 1075/56 365 430

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV

INSTALLER'S NAME & FIRM: Headrunner Electric Service 575-770-0016

MAILING ADDRESS: Street/PO Box City State ZIP
P.O. Box 1507 Ranchos de Taos N.M. 87557

CID License No. 82772 MM-1 MM-98 MS-1 LMS-3 Homeowner

I. PERMIT APPLICATION (instructions available on request)

Application is for: New Permit Registration - existing unpermitted system
 Modification of an existing system ATS ownership transfer

Existing Permit No. (if applicable): TR95202

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

A. Proposed liquid waste system use and design flow:

Single family residence 3 no. of bedrooms 375 gpd

Multiple family units no. of units: no. bedrooms per unit gpd

Seasonal residence gpd

Commercial/Institutional (type): Fixture units: gpd

Other (type): Yes No gpd

B. Are there other sewage sources on this property? gpd
TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION

A. Lot Size: 1.0 Acres Date of Record: 4/15/06
(nearest 0.01 acre) (Plat Date or Subdivision Date)

IV. SYSTEM DESIGN

A. Treatment Unit: Experimental System
Septic tank Manufacturer: Gonzales (Existing) Capacity 1000

Certification No: ATS (Advanced Treatment System) Secondary Tertiary Sand filter

Disinfection: Other (specify): Model:

Manufacturer: Voluntary ATS

B. Disposal System: Trench Leaching Bed Seepage Pit

Privy Holding tank Elevated Bed Wisconsin Mound

Vault Lined Evapotranspiration (ET) Bed Unlined ET Bed

Irrigation Low pressure dosed Drip Gray water

Other (specify): Infiltrators

Materials: Pipe & Gravel Gravelless (type): Infiltrators

Distribution box: Yes No

C. Minimum required absorption area:

AR 375 x 0 = 750 SQ FT
(AR - Application Rate) (Q - Design Flow)

Trench or Bed width = 3'0" ft. 11 Existing Infiltrators
Gravel depth below pipe = ft. Adding 14 Infiltrators
Total Trench or Bed Length = ft.
Length of Trenches = (1) ; (2) ; (3) ; (4)

Number of Gravelless Units = 25 750 SQ FT
Proposed Absorption Area of System = SQ FT
D. Depth from ground surface to bottom of absorption area = 5'0" ft.

NMED Permit Number: TA100217

V. **SITE PLAN:** Attach plat, diagram or picture file of the lot and liquid waste system. Show setback distances from both the tank and disposal field to property lines, buildings, structures, wells, water lines, irrigation ditches, arroyos and surface waters within 200 feet of the system, and the direction of groundwater flow.

NMED Use: A plat, drawing or picture, including setback distances, in accordance with 20.7.3.302:
 IS attached

VI. The foregoing information is correct and true to the best of my knowledge. I understand 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 and Treatment 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 10/21/10
Owner Contractor Other, specify: _____

Installer Signature [Signature] Date 10/21/10

VII. **NMED PERMIT TO CONSTRUCT (For Registrations, ATS Ownership Transfer, or Permitting of Existing Unpermitted Systems installed after February 1, 2002 skip this section and go to Section VIII):**

A permit for construction of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied

Permit Conditions or Reasons for Denial: _____

NMED Representative William C. King Date 10/21/10

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 to schedule an inspection, a minimum of 2 working days prior to the inspection.
If you have questions call: _____

VIII. **NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM:**

The system described above: was inspected by NMED Contractor photo inspection authorized

NMED Inspection History	NMED Representative	Date
<u>SITE INSPECTION FOR UNPERMITTED SYSTEM (TA93202) THAT WAS NOT ENRAGED</u>	<u>ATK</u>	<u>10/19/10</u>
<u>Final inspection - minor adjustment/connection required - fee was high on left side (coming out of tank) - Messes (Dennis helps) removed soil under pipe & placed flat concrete stones to weigh it down. Need to raise inspection part off soil & seal opening. M. Valencia</u>		<u>10/25/10</u>

A permit for operation of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied

Conditions of Approval: _____

NMED Representative [Signature] Date 10/25/10



BILL RICHARDSON
Governor

RECEIVED
OCT 27 2010
N.M. ENVIRONMENT DEPT
DISTRICT 11
TAOS FIELD OFFICE

State of New Mexico
ENVIRONMENTAL HEALTH DIVISION
ENVIRONMENT DEPARTMENT

105-B Bertha St./PO Box 208
District II / Taos Field Office
Taos, New Mexico 87571
Telephone (575) 758-8808
Fax (575) 758-9851
www.nmenv.state.nm.us



RON CURRY
Secretary
CARLOS ROMERO
Director

TRANSFER OF OWNERSHIP INSPECTION WAIVER APPLICATION
For use when an inspection has been performed on a permitted or registered liquid waste system within the last 180 days, or a system that has been inspected, but has been unoccupied for up to one year since the inspection.

GENERAL (To be completed by Owner, General Building Contractor or Authorized Representative, *required):

*Owner Robert E. J. Morris
*Mailing Address PO Box 1361
*Site Address #35 Juan de Dios Rd
Property: Township 26N Range 13E Section 04
Subdivision Unit No. Block No. Lot No.
*Liquid Waste Permit # TA 100217
Uniform Property Code 1075156365430
Date of Last Inspection/Inspector Name

Reason the system has not been in use, if applicable

Liquid Waste Contractor name Rodman's Septic Service Date 10/27/10
(Print) CID License Number 89773
*Applicant Signature

This waiver 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 effect the proper operation of a liquid waste system, NMED disclaims any warranty, either expressed or implied, arising from the inspection and evaluation of the wastewater system or this inspection waiver. This waiver is invalid if any modifications have been made to the liquid waste system since the original inspection, including changes in the design flow.

The NEW MEXICO STATE ENVIRONMENT DEPARTMENT may verify the above information.

NMED Review: Accepted Not Accepted

Date of initial inspection: 10/25/10

This waiver is valid for: 180 days from initial inspection, or 1 year from initial inspection

Reviewed by: W. Curry Date 10/27/10