

TAOS FIELD OFFICE
 N.M. ENVIRONMENT DEPT
 DISTRICT 11
 JUN 07 2010

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



POSTED

RECEIVED
 Date: 6/7/10

NMED Permit Number: TA100104

NMED Use Only:
 Call 758-8808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 100.00
 Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms Multiple dwellings Other:

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone:
Del Norte Properties, LLC 575.776.2491
 MAILING ADDRESS: Street/PO Box, City, State Zip Code
 PO Box 2234 Taos NM 87571
 SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)
 136 Upper Las Colonias Rd
 SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT #3
 Chamisa Vista Subdivision
 UNIFORM PROPERTY CODE: 1 0 7 3 1 5 3 2 6 1 2 7 8
 TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE ELEV
 26 North 12 East 19 36d28m30sNorth 105d36m3sWest
 INSTALLER'S NAME & FIRM: PHONE:
 Steve Anaya - Bear's Excavation 758-9316
 MAILING ADDRESS: Street/PO Box City State ZIP
 PO Box 3331 Taos NM 87571
 CID License No./Class MM-1 MM-98 MS-1 X MS-3 Homeowner
 No.: 356510

- B. Depth from Ground Surface to:
 Seasonal High Water Table 15+ feet
 Bedrock, Caliche, Tight Clay 1 feet
 Gravel, Cobbles, Highly permeable soil 18 feet
- C. Soil Description:
 USDA Soil Class Methodology & Verification Submitted? Yes
 Type Ia=1.25 sf/gal/day Type Ib=2 sf/gal/day Type II= 2 sf/gal/day
 Type III=2 sf/gal/day Type IV=5 sf/gal/day
- D. Domestic Water Source:
 On-site Off-site Private Public Shared
 Irrigation well, or flood irrigated area on lot? Yes No
 State Engineer Well Permit #: RG 89817
 Name of Public Water System: _____

IV. SYSTEM DESIGN

- A. Treatment Unit:
 Septic tank Manufacturer: Gonzales Capacity 1250
 Certification No: _____
 Disinfection _____ Other (specify): _____
 Voluntary ATS Model: _____
- ATS (Advanced Treatment System) Secondary Tertiary Sand filter

- 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): _____
 Materials: Pipe & Gravel Gravelless (type): _____
 Distribution box: Yes No
- C. Minimum required absorption area:
 AR 2 x Q 450 = 900 SQ FT
 Trench or Bed width = 2 ft. (Q - Design Flow)
 Gravel depth below pipe = 3 ft.
 Total Trench or Bed Length = 130
 Length of Trenches = (1) 65 ; (2) 65 ; (3) _____ ; (4) _____
 Number of Gravelless Units = NA
 Proposed Absorption Area of System = _____ SQFT
- D. Depth from ground surface to bottom of absorption area = 5 ft.

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): _____

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

A. Proposed liquid waste system use and design flow:
 Single family residence 4 no. of bedrooms 450 gpd
 Multiple family units no. of units; no. bedrooms per unit gpd
 Seasonal residence gpd
 Commercial/Institutional (type): _____ Fixture units: _____ Yes No
 B. Are there other sewage sources on this property? _____
TOTAL WASTEWATER FLOW ON PROPERTY - 450 gpd

III. SITE INFORMATION

A. Lot Size: 1.122 Acres Date of Record: 6/4/2007
 (nearest 0.01 acre) (Plat Date or Subdivision Date)
 Ownership and lot size documentation attached: Warranty deed Property tax receipt
 Recorded survey Recorded plat Other, specify: Subdivision Documents

NMED Permit Number: TA100104

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.

SEM Ga Signature _____ Date 6-7-10
Owner Contractor ___ Other, specify: _____

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: _____

William C. King NMED Representative _____ Date 6/25/10

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 SITE INSPECTION - OK TO COVER NMED Representative WCK Date 7/26/11

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

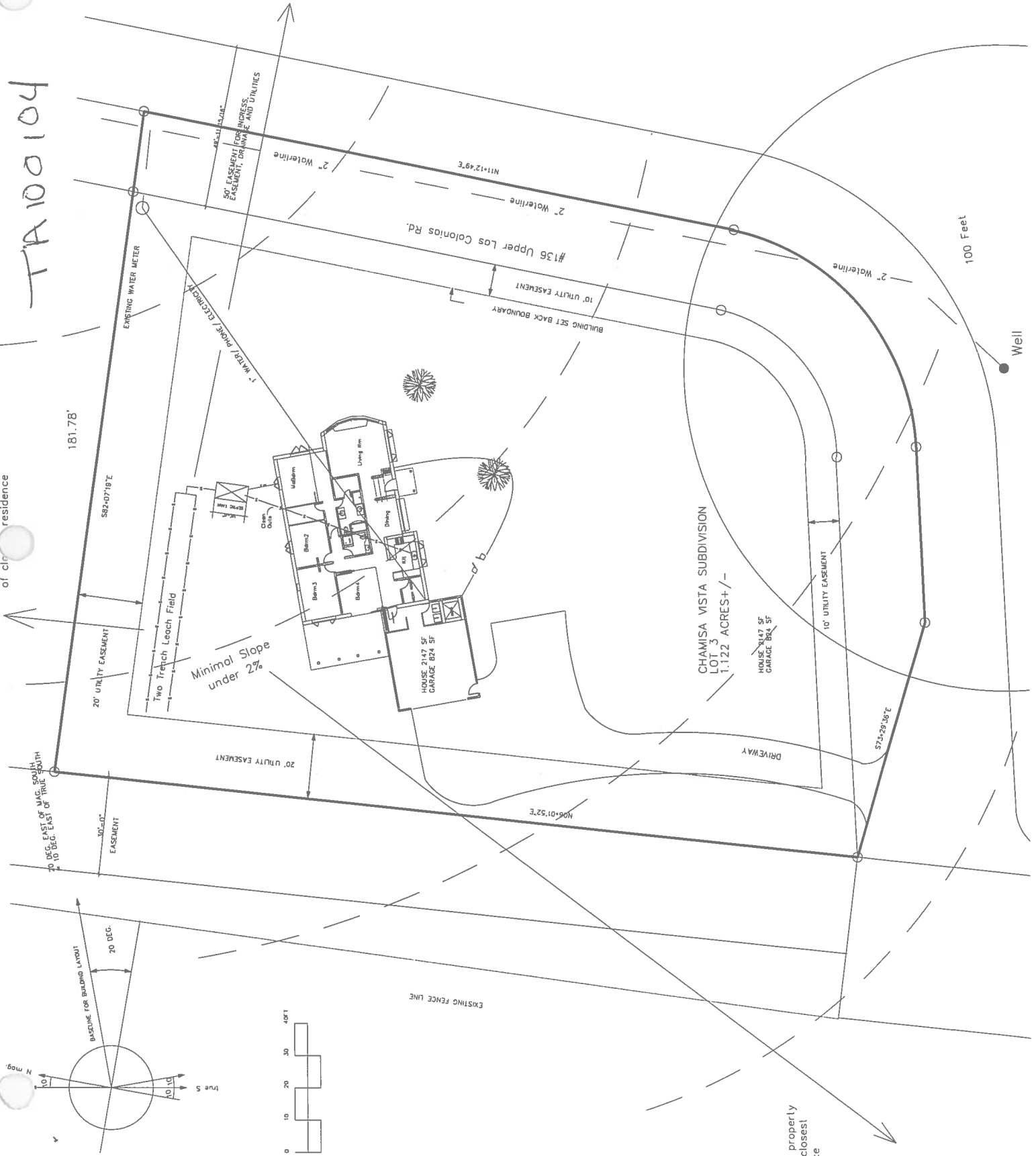
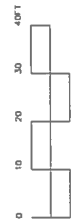
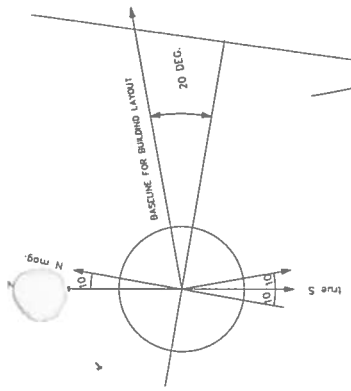
Conditions of Approval: _____
W.C. King NMED Representative _____ Date 7/26/11

TA100104

520' to property line of closest residence

250' to property line of closest residence

250' to property line of closest residence



100 Feet

Well