



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Inspection Required No Yes, Call 758-2808

NMED Permit Number: TA070034

Date NMED Received:

SYSTEM OWNER'S NAME: Last, First, MI. Home Phone: Business Phone: LIVINGSTON, HENRY P. and JOAN C. (505) 751-0087

MAILING ADDRESS: Street/PO Box, City, State, Zip Code 515 Apache Unit B Taos NM 87571

SYSTEM LOCATION: Street Address/ Location - give directions to site County: TAOS 34 Adams Road (off State Road 570 see attached map)

Table with columns: SUBDIVISION, BLOCK, LOT, UNIFORM PROPERTY CODE, TOWNSHIP, RANGE, SECTION, QTR, QTR, QTR, LATITUDE, LONGITUDE. Row 1: Rancho Orchard Island Co. 11 9 1 06 8 14 5 417 17 8 803

INSTALLER'S NAME & FIRM: PHONE: Bear's Excavation

MAILING ADDRESS: Street/PO Box, City, State, Zip Code Homeowner PO Box 333 Taos NM 87571

PERMIT APPLICATION (Instructions on back of pink copy) A. Proposed Liquid Waste System is for: [X] New construction [] Replacement of an existing system [] Modification to an existing system

WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd) A. Proposed liquid waste system use and design flow: [X] Single family residence with 4 no. of bedrooms [] Multiple family units; 1 no. of units; 1 no. bedrooms per unit

TOTAL WASTEWATER FLOW ON PROPERTY = 300 gpd (300 gpd) 150 gpd (150 gpd) 6 gpd (6 gpd) 450 gpd (450 gpd)

III. SITE INFORMATION A. Lot Size: 1.453 acres (nearest 0.01 acre) Date of Record: July 15, 1970 (Plat Date or Subdivision Date)

B. Depth from Ground Surface to: Seasonal High Water Table 250 feet Bedrock, Calciche, Tight Clay 0 feet Gravel, Cobbles, Highly permeable soil 2 feet

C. Soil Description: (NMED may require both texture description and percolation rate) Texture: [X] Coarse sand or gravel; (give percolation rate below) [] Sand; (give percolation rate below) [] Fine Sand [] Sandy Loam; [] Loam; [] Silty Loam; [] Clay Loam; [] Clay; [] Other; (describe)

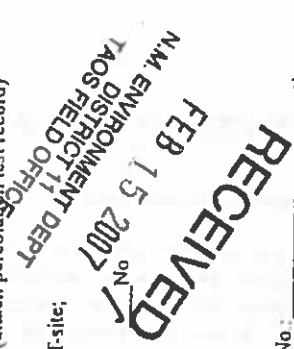
Soil Percolation Rate: 9.0 min/inch (attach percolation test record) D. Domestic Water Source: [X] Private [] On-site [] Off-site; [X] Irrigation Well or Flood Irrigated Area on the lot. Yes [] No [] Shared []

IV. SYSTEM DESIGN A. Treatment Unit: [X] Septic Tank Capacity 1250 Gallons Manufacturer: Press Plumbing Identification No. 1000 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 980 square feet Trench or Bed width 2 ft. Gravel depth below distribution pipe 3 ft. Total Trench or Bed length 100 ft. Number of trenches: 1 Number of gravelless units 5

D. Depth from ground surface to bottom of absorption area 5 ft. Revised 9-98 Page 1 of 2



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:
130 ft. Property line	75 ft.
200 ft. Property line	220 ft.
15 ft. Buildings	35 ft.
15 ft. Structures	35 ft.
300 ft. Wells	330 ft.
0 ft. Irrigation	0 ft.
0 ft. Arroyos	0 ft.
0 ft. Surface water	0 ft.

Please 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.

[Signature] Signature 2-13-07 Date

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
will require inspection prior to cover-up. Conditions _____ Reasons for Denial: _____

E De NMED Representative 15 Feb 2007 Date

Wally 2/16/07 Date

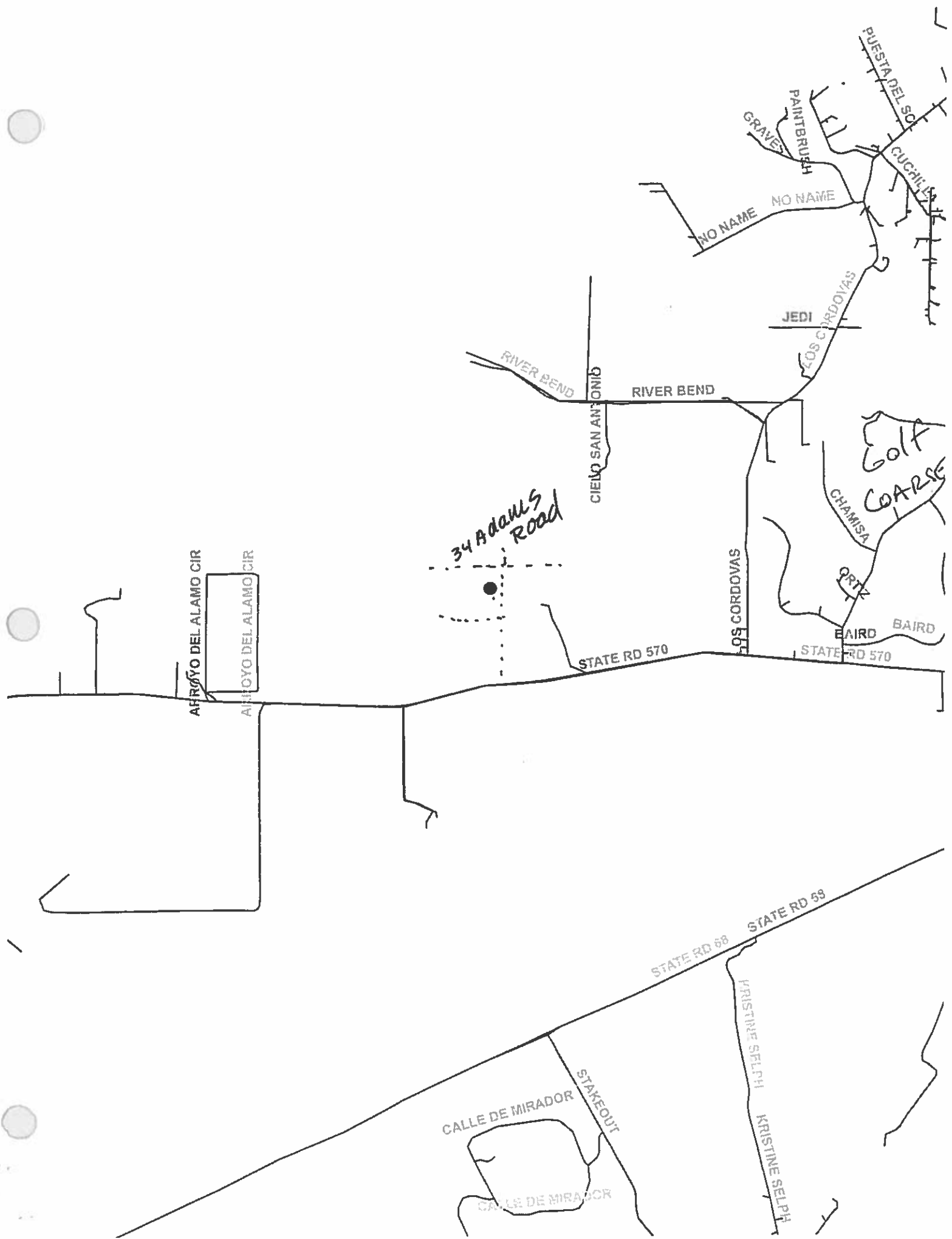
NOTE: This permit may be canceled for failure to meet any condition specified; failure to complete the system within one year; for providing inaccurate or incomplete information; or for failure to notify NMED that the system is completed. If you have questions call: _____

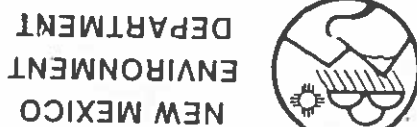
NMED Inspection History 6140 6805' NMED Representative W105.62895' Date 21 May 07

OK to coverup

VIII. NMED FINAL APPROVAL: The system described above was was not inspected.

E D NMED Representative 21 May 07 Date





PERCOLATION TEST RECORD
FOR INDIVIDUAL LOTS

OWNER'S NAME - Last, First and Middle Stinson Brown - Plaza Belen	HOME PHONE 737-5268	BUSINESS PHONE 737
MAILING ADDRESS - Street/P O Box, City, State and Zip Code PO Box 2184 Carrizos DE Toluca 07557	LOCATION OF PROPERTY 75 Ute Linda Rd - Avenas fern National Ground Agency	

Test Hole Number 1			Test Hole Number 2		
Time	Distance to Top of Water	Actual Water Level Drop	Time	Distance to Top of Water	Actual Water Level Drop
10:05	4"	2"	10:05	4"	2 1/4"
10:10	6"	2"	10:15	6 1/4"	2 1/4"
10:20	7 1/2"	1 1/2"	10:25	8"	1 3/4"
10:30	8 3/4"	1 1/4"	10:35	9 1/2"	1 1/2"
10:40	9 3/4"	1"	10:45	10 3/4"	1 1/4"
10:50	10 3/4"	2"	10:55	11 3/4"	1"
11:00	11 3/4"	5 1/2"	11:05	12 1/2"	3 3/4"

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

Test Hole Number 1: $\frac{10 \text{ minutes}}{6.25 \text{ inches}} = \frac{1}{6} \text{ min/in}$

Test Hole Number 2: $\frac{10 \text{ minutes}}{7.50 \text{ inches}} = \frac{1}{3.33} \text{ min/in}$

Average $\frac{1}{14.67} \text{ min/in}$

Test completed by: Steve Arroyo Belen Excavation Date: 2-3-07

Owner

Contractor

Other-specify

Date: _____

Title: _____

Report reviewed by: _____

SANTA FE PUEBLO-STYLE HOME

UPC-1070145349432
 PARCEL 18686

Handwritten scribbles



plan # HPT810050

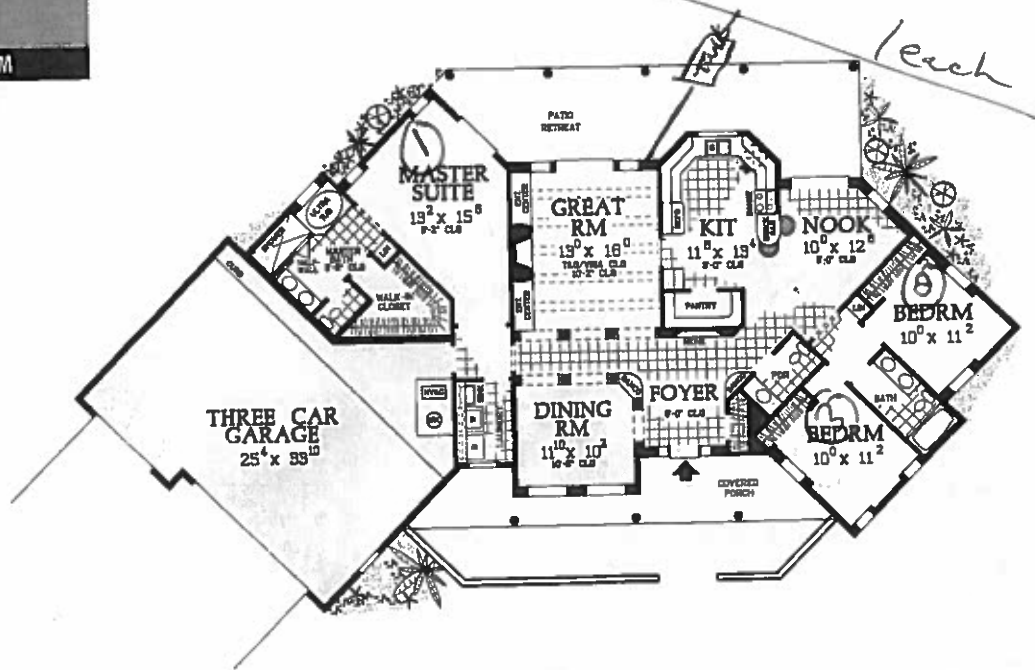
STYLE: SANTA FE
 SQUARE FOOTAGE: 2,015
 BEDROOMS: 3
 BATHROOMS: 2 1/2
 WIDTH: 96'-5"
 DEPTH: 54'-9"
 FOUNDATION: SLAB

SEARCH ONLINE @ EPLANS.COM

This Santa Fe-style home is as warm as a desert breeze and just as comfortable. Outside details are reminiscent of old-style adobe homes, while the interior caters to convenient living. The front covered porch leads to an open foyer. Columns define the formal dining room and the giant great room. The kitchen has an enormous pantry and a snack bar and is connected to a breakfast nook with rear-patio access. Two family bedrooms on the right side of the plan share a full bathroom that includes twin vanities. The master suite on the left side of the plan has a monstrous walk-in closet and a bath with a spa-style tub and a separate shower.

QUOTE ONE

Cost to build? See page 182 to order complete cost estimate to build this house in your area!





STATE OF NEW MEXICO
 ENVIRONMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
ONSITE LIQUID WASTE SYSTEM INSPECTION



NMED Permit No: 1A070039 Applicant's Name Livingston Address 34 Adams Rd
 Type of Inspection: INITIAL FINAL REINSPECTION COMPLAINT OTHER

1. BUILDING SEWER

- a. Correct Size and Material 20.7.3.813 C
- b. Required Cleanouts Present, Installed Correctly & to Finish Grade 20.7.3.813 B
- c. 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 20.7.3.401.1
- c. Other: _____

3. SEPTIC TANK / SEC./TERT. TREATMENT UNIT

- Type Concrete Plastic/Fiberglass Sec./Tert. Treatment Unit
- a. Located as per Site Plan 20.7.3.401.1
 - b. Correct Setbacks 20.7.3.302, Table 302.1
 - c. Tank Certified; Correctly Labeled 20.7.3.501; 20.7.3.501.B.4
 - d. Tank Correctly Oriented, Level & Depth Below Grade 20.7.3.501.J.7
 - e. Inlet / Outlet Pipes Sealed & Watertight
 - f. Inlet / Outlet Baffle or Tee with Branch Extending 12" Minimum Below Liquid Level
 - g. Effluent Filter Installed, Riser to Grade
 - h. Tank & Fittings Correctly Vented
 - i. Concrete Tank: Coated & Material Correct OR Type V Concrete
 - j. Outlet Pipe Correct Size & Material
 - k. Manholes Correctly Sized & Located
 - l. Manhole Risers at Grade, Diameter, Secure Lids & Coated
 - m. 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. 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. 4" Diameter
- b. Tee Level/Header
- 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; Equal Flow to Outlets
- f. 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. Soil Type Verified
 - b. Correct Clearance to Ground Water or Limiting Layer

Additional comments: _____

- c. Correctly sized disposal area
 - d. Correct Setbacks
 - e. Excavation at Correct Grade
 - f. Correct Spacing Between Trenches or Beds
 - g. Smeared Soils Not Present on Trench or Bed
 - h. Correct Aggregate; Type, Size, Clean and Amount
 - i. Correct Depth of Aggregate Above and Below Pipe
 - j. Correct Pipe; 2-hole, 4" Minimum Diameter, End Caps
 - k. Aggregate Covered with Approved Material
 - l. Pipe Covered with Geotextile Fabric in Place of Aggregate
 - m. Inspection Port(s), Capped
 - n. 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. Fluoride: _____ (mg/L)

8. GIS COORDINATES

Well: lat N36.35439 long W105.67888
 Elev 6809
 Sys: lat N36.35495 long W105.67895
 Elev 6805

9. 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

EJD 21 May 07
 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, _____ Date _____

OK - If installed and meets Requirements
 NI - Not inspected
 N/A - Not applicable
 N/C - Not Compliant
 N/V - Not Verified
 A/P - As Proposed
 N/T - Not Tested EX - Existing