



APPLICATION FOR A LIQUID WASTE PERMIT

NMEED Permit Number BE040231 NMEED ENVIRONMENTAL DEPARTMENT RECEIVED

NMEED Inspection Re: ruled No Yes, Call 892-4483 for Appointment

Date NMEED Received MAR 18 2004

RIO RANCHO OFFICE

SYSTEM OWNER'S NAME: Last, First MI Home Phone: Business Phone:
Mailing Address: Street/PO Box, City, State, Zip Code
P.O. Box 45359 Rio Rancho NM 87124
SYSTEM LOCATION: Street Address/Location - give directions to site County:
Las Alamos Placitas Sandoval

SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE
TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE
T13N R3E 29

INSTALLER'S NAME & FIRM: PHONE:
Wm. Ford Dixon - Alpha Septic Tank Co. Inc. 822-9827

MAILING ADDRESS: Street/PO Box City State Zip Code
P.O. Box 6594 Albuquerque NM 87197

CTD License No./Certification MM-1 MM-98 MS-1 MS-3 Homeowner
019412-98-6-153C XXXX

I. PERMIT APPLICATION

- A. Proposed Liquid Waste System is for:
B. Manufactured Housing (mobile):
C. Proposed System is:
WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)
A. Proposed liquid waste system use and design flow:
B. Are there other sewage sources on this property?

TOTAL WASTEWATER FLOW ON PROPERTY

375 gpd

III. SITE INFORMATION

A. Lot Size: 4.5077 Acres Date of Record: 7/10/1997
(Percent 0.01 acre) (Plot Date or Subdivision Date)

NMEED retain white copy

- B. Depth from Ground Surface to:
Seasonal High Water Table: 106' feet
Bedrock, Caliche, Tight Clay: 9' feet
Gravel, Cobbles, Highly permeable soil: 9' feet



- C. Soil Description: (NMEED req. require both texture description and percolation rate)
Texture:
Coarse sand or gravel, (give percolation rate below)
Sand, (give percolation rate below)
Sandy Loam, Loam, Silty Loam,
Clay Loam, Clay,
Other, (describe)

Soil Percolation Rate: min/inch (attach percolation test report)

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

IV. SYSTEM DESIGN

A. Treatment Unit
Septic Tank Capacity: 1200 Gallons
Manufacturer: Alpha Septic Tank Co. Certification No.: 98-6-153C
Other (specify):

B. Disposal System:
XX Trench Bed Seepage Pit Mound
Evapotranspiration Other, Specify:
Materials: XX Pipe and Gravel Gravelless (specify):

C. Minimum required absorption area: 476.25 square feet
Trench or Bed width: 1.5 ft Gravel depth below distribution pipe: 3 ft
Total Trench or Bed length: 90 ft Number of trenches: 2
Number of gravelless units: 0

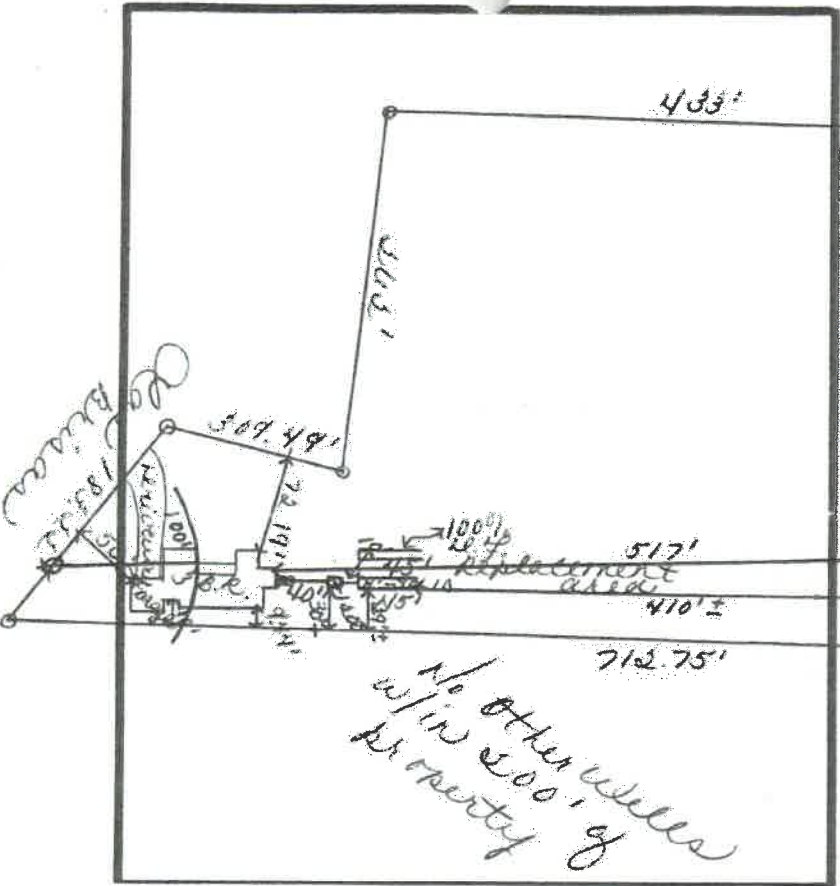
D. Depth from ground surface to bottom of absorption area: 5 ft

Revised 9-98

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: \_\_\_\_\_

30'± ft.	Property line	49'± ft.
405'± ft.	Property line	410'± ft.
40'± ft.	Buildings	58'± ft.
100'± ft.	Structures	100'± ft.
N/A ft.	Wells	N/A ft.
N/A ft.	Irrigation	N/A ft.
N/A ft.	Arroyos	N/A ft.
N/A ft.	Surface water	N/A ft.



**ENTERED**  
04/27/00  
ENV

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.  
*Kevin Fred Webb*  
 Signature: \_\_\_\_\_ Date: 3/19/04

Owner  Contractor \_\_\_\_\_ Other \_\_\_\_\_  
**VII. NMED PERMIT** A permit for construction of the liquid waste disposal system described herein is hereby:

Granted \_\_\_\_\_ Conditions \_\_\_\_\_ Granted subject to conditions \_\_\_\_\_ Denied \_\_\_\_\_  
 Reasons for Denial: \_\_\_\_\_

*Call to schedule an inspection 48 hrs prior to installation*

*Kevin Fred Webb*  
 NMED Representative \_\_\_\_\_ Date 3/19/04

**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 \_\_\_\_\_

**VIII. NMED FINAL APPROVAL:**

The system described above \_\_\_\_\_ was  was not inspected.

*Don Sealove*  
 NMED Representative \_\_\_\_\_ Date 10/1/05

*AS*