



## APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

Date NMED Received: 22-DEC-04

NMED Processing Number: DA040923

|  |  |                          |
|--|--|--------------------------|
| <b>NMED Use Only:</b><br>Call <b>(575) 524-6300</b> to schedule an inspection a minimum of 2 working days prior to the event     |  | <b>Permit Fee:</b> _____ |
| <b>Permit Approved for (circle one):</b> 1   2 <b>3</b> 4   5   6   Bedrooms <u>  </u> Multiple dwellings <u>  </u> Other: _____ |  |                          |

|   |                   |                          |                              |
|---|-------------------|--------------------------|------------------------------|
| <b>SYSTEM OWNER'S NAME:</b> Last, First, MI   |                   | <b>Home Phone:</b> _____ | <b>Business Phone:</b> _____ |
| <u>DIEMER CONSTRUCTION</u>  |                   | <u>  </u>                | <u>  </u>                    |
| <b>MAILING ADDRESS:</b> Street/PO Box,  |                   | <b>City</b>              | <b>State</b> <b>Zip Code</b> |
| <u>1060 S MAIN ST</u>   |                   | <u>LAS CRUCES</u>        | <u>NM</u> <u>88005</u>       |
| <b>SYSTEM LOCATION:</b> Address, City, ZIP, County - (if needed, attach directions) |                   |                          |                              |
| <u>1060 S MAIN ST , NM,</u>   |                   |                          |                              |
| <b>SUBDIVISION</b>  | <b>UNIT/PHASE</b> | <b>BLOCK</b>             | <b>LOT/TRACT</b>             |
| <u>  </u>   | <u>  </u>         | <u>  </u>                | <u>  </u>                    |
| <b>UNIFORM PROPERTY CODE:</b>   |                   | <u>4-017-138-449-046</u> |                              |
| <b>TOWNSHIP</b>   | <b>RANGE</b>      | <b>SECTION</b>           | <b>LONGITUDE</b>             |
| <u>23S</u>  | <u>3E</u>         | <u>35</u>                | <u>  </u>                    |
| <b>INSTALLER'S NAME &amp; FIRM:</b>   |                   |                          |                              |
| <u>JOHNNY'S SEPTIC TANK CO., INC. * c/o SUGGS, DANNY</u>                            |                   |                          |                              |
| <b>MAILING ADDRESS:</b> Street/PO Box   |                   | <b>City</b>              | <b>State</b> <b>Zip Code</b> |
| <u>2155 DONA ANA RD</u>   |                   | <u>  </u>                | <u>  </u> <u>  </u>          |
| <b>CID License Class:</b> <u>this data is no longer being collected by LWB</u>      |                   |                          |                              |
| <b>CID License Number:</b> <u>25764</u>   |                   |                          |                              |

### I. PERMIT APPLICATION (instructions available on request)

Application is for: NS New Permit      Registration - existing unpermitted system  
   Modification of an existing system      ATS ownership transfer  
 Existing Permit No.(if applicable): DA040923

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

#### A. Proposed liquid waste system use and design flow:

X Single family residence   3 no. of bedrooms   375 gpd  
   Multiple family units      no. of units;      no. bedrooms per unit      gpd  
   Seasonal residence  
   Commercial/Institutional (type): \_\_\_\_\_ gpd  
   Other (type): \_\_\_\_\_ Fixture units: \_\_\_\_\_ gpd

B. Are there other sewage sources on this property?      Yes   X No      gpd  
**TOTAL WASTEWATER FLOW ON PROPERTY -**   375 gpd

### III. SITE INFORMATION

A. Lot Size: 5.0572 Acres   Date of Record: NOT LISTED ON FORM; (22-DEC-04: rec'd)  
 (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: \_\_\_\_\_

#### B. Depth from Ground Surface to:

Seasonal High Water Table   20 feet  
 Bedrock, Caliche, Tight Clay   20 feet  
 Gravel, Cobbles, Highly permeable soil   20 feet

#### C. Soil Description:

USDA Soil Class Methodology & Verification Submitted?      Yes   X No  
   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   X Off-site   X Private      Public      Shared  
 Irrigation well, or flood irrigated area on lot?      Yes   X No  
 State Engineer Well Permit #: \_\_\_\_\_  
 Name of Public Water System: \_\_\_\_\_

### IV. SYSTEM DESIGN

   Experimental System

#### A. Treatment Unit:

X Septic tank   Manufacturer:    Capacity:    ?  
 Certification No:    ?  
   ATS (Advanced Treatment System)      Secondary      Tertiary      Sand filter  
   Other (specify): \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
   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): \_\_\_\_\_  
 Materials: X Pipe & Gravel   Gravelless (type): \_\_\_\_\_  
 Distribution box:      Yes   X No

#### C. Minimum required absorption area:

AR      ?   x   Q   375 = ?   Square Feet  
 (AR - Application Rate)   (Q - Design Flow)  
 Trench or Bed width = \_\_\_\_\_ ft.  
 Gravel depth below pipe = \_\_\_\_\_ ft.  
 Total Trench or Bed Length = 0  
 Length of Trenches = (1) \_\_\_\_\_; (2) \_\_\_\_\_; (3) \_\_\_\_\_; (4) \_\_\_\_\_  
 Number of Gravelless Units = \_\_\_\_\_  
 Proposed Absorption Area of System = 480 Square Feet

D. Depth from ground surface to bottom of absorption area = 3 ft.



- 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.

Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_ Owner \_\_\_ Owner's Authorized Representative \_\_\_ Owner's Authorized Representative and Contractor

**NMED USE ONLY**

- 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 ONLY** of the liquid waste disposal system described herein is hereby:

\_\_\_ Granted \_\_\_ Granted subject to conditions \_\_\_ Denied NMED Permit to Construct No. \_\_\_\_\_

Permit Conditions or Reasons for Denial: \_\_\_\_\_

\_\_\_\_\_  
NMED Representative 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 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: X was inspected by NMED \_\_\_ Contractor photo inspection authorized

NMED Inspection History

NMED Representative

ALLAR, JOHN

Date

04-AUG-05

FINAL APPROVAL WITH NMED INSPECTION by ALLAR, JOHN on 04-AUG-05; LOT SIZE by ALLAR, JOHN on 05-MAY-05; SETBACK by ALLAR, JOHN on 05-MAY-05

A permit for operation of the liquid waste disposal system described herein is hereby:

X Granted \_\_\_ Granted subject to conditions \_\_\_ Denied NMED Permit to Operate No. \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
ALLAR, JOHN 04-AUG-05  
NMED Representative Date