

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: 21-SEP-07

NMED Processing Number: AT070231

NMED Use Only: Call <u>(505) 222-9500</u>	to schedule an inspection a minimum of 2 working days prior to the event							
Permit Approved for (circle one):	1	2	3	4	5	6	Bedrooms	Multiple dwellings
Permit Fee:	<u>\$ 100.00</u>							
Other:								

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

GREGORY, STEVE ? ?

MAILING ADDRESS: Street/PO Box, **City:** **State:** **Zip Code:**
8341 W. WADORA CIR. NW NORTH CANTON OH 44720

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

DEER CANYON TRAIL MOUNTAINAIR, NM, 87036

SUBDIVISION	UNIT/PHASE	BLOCK	LOT/TRACT
DEER CANYON PRESERVE	?	70	

UNIFORM PROPERTY CODE: 14121900000000000000

TOWNSHIP	RANGE	SECTION	LATITUDE	LONGITUDE	ELEVATION
3N	7E	30	?	?	?

INSTALLER'S NAME & FIRM: **PHONE:**

PETTINGILL ENTERPRISES* c/o PETTINGILL, DAVE ?

MAILING ADDRESS: Street/PO Box **City:** **State:** **Zip Code:**
PO BOX 963 ? ? ?

CID License Class: this data is no longer being collected by LWB
CID License Number: 82138

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): AT070231

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): gpd
 Other (type): Fixture units: gpd

B. Are there other sewage sources on this property? Yes No gpd

TOTAL WASTEWATER FLOW ON PROPERTY - 375 gpd

III. SITE INFORMATION

A. Lot Size: 20 Acres Date of Record: NOT LISTED ON FORM; (21-SEP-07: 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 100 feet
Bedrock, Caliche, Tight Clay 10 feet
Gravel, Cobbles, Highly permeable soil feet

C. Soil Description:
USDA Soil Class Methodology & Verification Submitted?
 Type Ia=1.25 sf/gal/day Type Ib=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 #:
Name of Public Water System:

IV. SYSTEM DESIGN

A. Treatment Unit:
 Septic tank Manufacturer: Capacity:
 Certification No:

ATS (Advanced Treatment System) Secondary Tertiary Sand filter
Other (specify):
Manufacturer: Model:

Voluntary ATS
B. Disposal System:
 Privy Holding tank Elevated Bed Seepage Pit
 Vault Lined Evapotranspiration (ET) Bed Wisconsin Mound
 Irrigation Low pressure dosed Drip Unlined ET Bed
 Other (specify): Gray water

Materials: Pipe & Gravel Gravelless (type):
Distribution box: Yes 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 = ft.

Length of Trenches = (1) ; (2) ; (3) ; (4)
Number of Gravelless Units =

Proposed Absorption Area of System = 750 Square Feet

D. Depth from ground surface to bottom of absorption area = 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. AT070231

Permit Conditions or Reasons for Denial: _____

EREIKING _____ **17-JUN-86** _____
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: (505) 222-9500

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
{no inspection data found}		

A permit for operation of the liquid waste disposal system described herein is hereby:
 Granted Granted subject to conditions Denied NMED Permit to Operate No. _____

Conditions of Approval: _____

NMED Representative _____ **Date** _____