



APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

Date NMED Received: 21-SEP-07

NMED Processing Number: AT070231

NMED Use Only:

Call (505) 222-9500

to schedule an inspection a minimum of 2 working days prior to the event

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:**

GREGORY, STEVE

?

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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: 141219000000000000

TOWNSHIP RANGE SECTION LATITUDE LONGITUDE ELEVATION

3N

7E

30

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?

INSTALLER'S NAME & FIRM:

PETTINGILL ENTERPRISES* c/o PETTINGILL, DAVE

PHONE:

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MAILING ADDRESS: Street/PO Box City State Zip Code

PO BOX 963

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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:

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: 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? 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:

X On-site 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 = 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:

<input checked="" type="checkbox"/> Granted	Granted subject to conditions	Denied	NMED Permit to Construct No.	AT070231
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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
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{no inspection data found}
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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
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