



APPLICATION FOR LIQUID WASTE PERMIT OR REGISTRATION

APR 30 2010

POSTED

NMED Processing Number: TA 10 0049

NMED Use Only: Call 758-5808 to schedule an inspection in minimum of 2 working days prior to the inspection. Permit Fee: \$100.00

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

Olseid Marilynn

MAILING ADDRESS: Street/PO Box, City, State, Zip Code

2948 Pecos City NM 87551

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

# 77 Camino De Los Arroyos

SUBDIVISION UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 1071 145 073 270

TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV

INSTALLER'S NAME & FIRM: PHONE: (575) 758-9316

MAILING ADDRESS: Street/PO Box, City, State, ZIP

PO Box 3331 Pecos NM 87571

CID License No./Class MM-1 MM-98 MS-1 XMS-3 Homeowner

I. PERMIT APPLICATION (instructions available on request)

Application is for: [X] New Permit [ ] Registration - existing unpermitted system

Modification of an existing system [ ] AT5 ownership transfer

Existing Permit No. (if applicable):

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

Seasonal residence Commercial/Institutional (type): Fixture units: Yes No

Other (type): TOTAL WASTEWATER FLOW ON PROPERTY 375 gpd

B. Are there other sewage sources on this property? [ ] Yes [X] No

III. SITE INFORMATION A. Lot Size: 2.46 Acres Date of Record: 10-22-09

Ownership and lot size documentation attached: [X] Warranty deed [X] Property tax receipt

IV. SYSTEM DESIGN

A. Treatment Unit: [X] Septic tank Manufacturer: Enter Plumbing Capacity 1000

Certification No: AT5 (Advanced Treatment System) Secondary Tertiary Sand Filter

Disinfection Other (specify): Manufacturer: Model:

Voluntary AT5 B. Disposal System: [X] 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 AR 2.0 x 0 375 = 750 SQ FT

C. Minimum required absorption area: (AR - Application Rate) (Q - Design Flow)

Trench or Bed width = 2 ft. Gravel depth below pipe = 3 ft

Total Trench or Bed Length = 108 ft. Length of Trenches = 54 ft; 54 feet (3); (4)

Number of Gravelless Units = 150 SQ FT

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

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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 Steve M Araya - Berar's Excavating LLC

Signature Steve M Araya Date 4-30-10

Owner  Government Authorized Representative Contractor

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  Denied subject to conditions  Denied

Permit Conditions or Reasons for Denial: Inspection required prior to cover-up

ES NMED Representative Date 30 April 2010

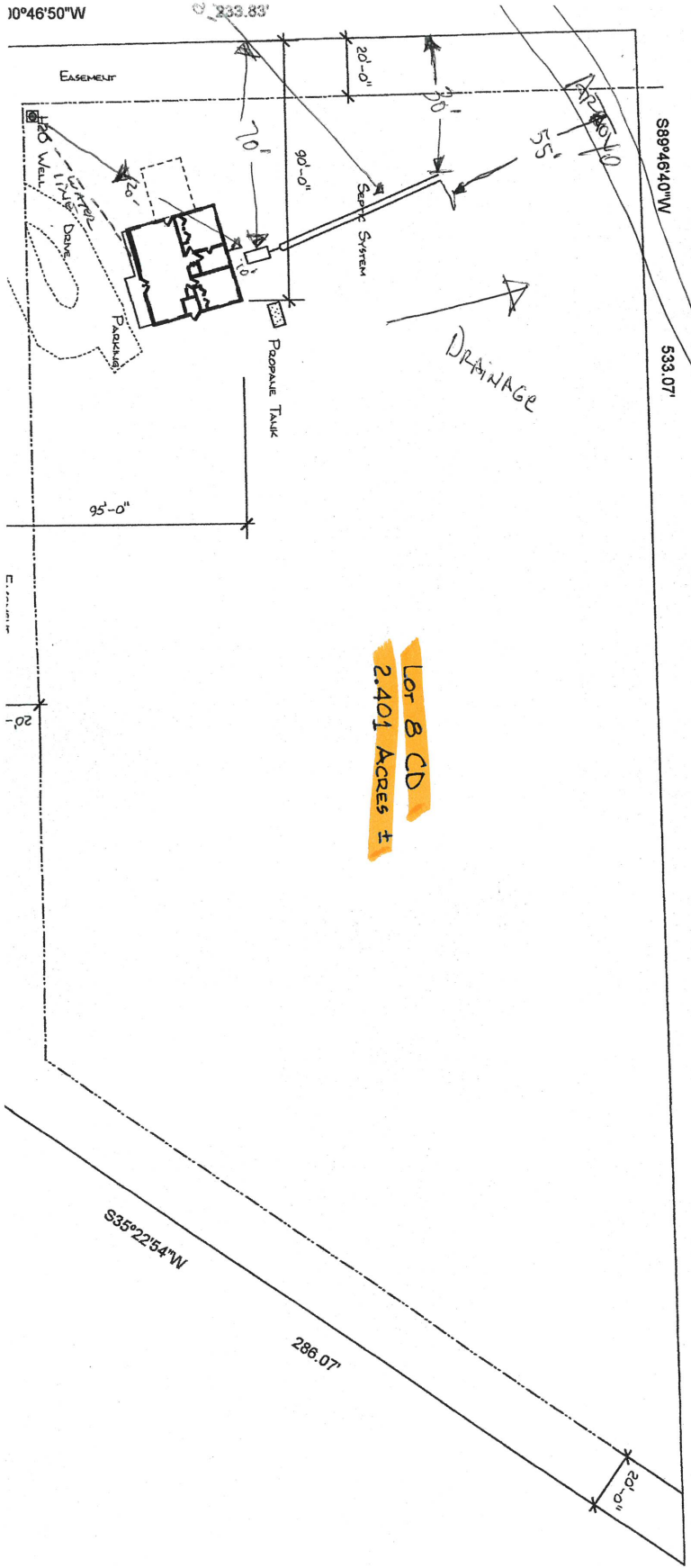
NOTE: This permit may be canceled for failure to meet any condition specified; failure to complete the system within one year; for providing inaccurate or incomplete information; or for failure to notify NMED to schedule an inspection, a minimum of 2 working days prior to the inspection. If you have questions call: 58-8808

VIII. NMED FINAL APPROVAL TO OPERATE LIQUID WASTE SYSTEM: The system described above:  was inspected by NMED  Contractor photo inspection authorized

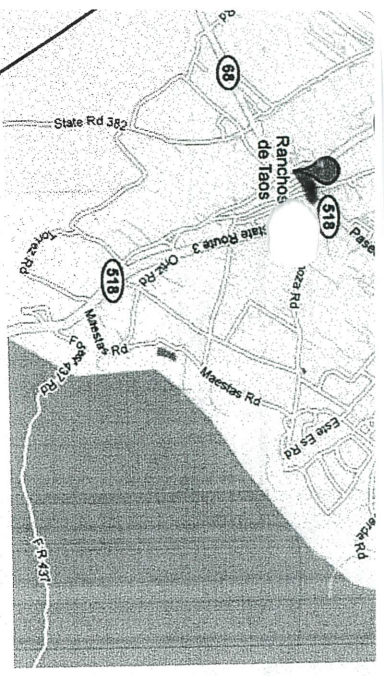
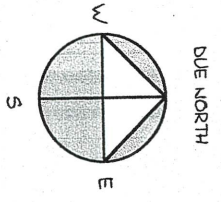
NMED Inspection History R36.3576, W05.6576's, SUEB912' OK to cover-up NMED Representative [Signature] Date 2 Sept 2010

A permit for operation of the liquid waste disposal system described herein is hereby:  Granted  Denied subject to conditions  Denied

Conditions of Approval: ES NMED Representative Date 2 Sept 2010



**Lot 8 CD**  
**2.401 Acres ±**



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