ENTERED

APPLICATION FOR A LIQUID WASTE PERMIT

$100

NMED Permit Number: BE070355
Permit Approved for ___ **Bedrooms**

NMED Inspection Required ___ No ✓ Yes, Call 771-5980 for Appointment 6/18/2007

PAID

Date NMED Received: _____

SYSTEM OWNER'S NAME: Last, First, MI	Home Phone:	Business Phone:
Lesser, Jonathan & Dixon, Donna	1-802-879-9490	

MAILING ADDRESS: Street/PO Box,	City	State	Zip Code
1999 Butternut Rd	Williston	VT	05495

SYSTEM LOCATION: Street Address/Location - give directions to site — **County:** Sandoval

Phase 1, Lot 95 San Pedro Creek Estates
Corner of Camino Real & Camino Real Place

SUBDIVISION	BLOCK	LOT	UNIFORM PROPERTY CODE
San Pedro Estates	2	95	103306717926841971

TOWNSHIP	RANGE	SECTION	QTR	QTR	QTR	LATITUDE	LONGITUDE
12N	6E	31					

INSTALLER'S NAME & FIRM:	PHONE:
Mike Wilenta, York Septic Systems	832-5555

MAILING ADDRESS: Street/PO Box	City	State	Zip Code
P.O. Box 2290	Tijeras	NM	87059

CID License No./Certification	MM-1	MM-98	MS-1	MS-3	Homeowner
54504				X	

I. PERMIT APPLICATION

A. Proposed Liquid Waste System is for: X New Construction
___ Replacement of an existing system ___ Modification to an existing system

B. Manufactured Housing (mobile) ___ Yes X No

C. Proposed System is: X Conventional ___ Mound ___ Holding Tank
___ Evapotranspiration ___ Other; Describe: _____

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

A. Proposed liquid waste system use and design flow:

X Single family residence with 4 no. of bedrooms	450	gpd
___ Multiple family units; ___ no. of units; ___ no. bedrooms per unit	0	gpd
___ Other (type) _____ Flow sizing units ___	0	gpd
B. Are there other sewage sources on this property? ___ Yes X No	0	gpd
TOTAL WASTEWATER FLOW ON PROPERTY -	450	gpd

III. SITE INFORMATION

A. Lot Size: 10.71 Acres (nearest 0.01 acre) Date of Record: 3/19/1996 (Plat Date or Subdivision Date)

B. Depth from Ground Surface to:

Seasonal High Water Table	110+	feet
Bedrock, Caliche, Tight Clay	10	feet
Gravel, Cobbles, Highly permeable soil	10	feet

C. Soil Description: (NMED may require both texture description and percolation rate)
Texture:
___ Coarse sand or gravel; (give percolation rate below)
___ Sand; (give percolation rate below) ___ Fine Sand
___ Sandy Loam; ___ Loam; X Silty Loam;
___ Clay Loam; ___ Clay;
___ Other; (describe) _____

D. Domestic Water Source: X On-site ___ Off-site;
X Private ___ Public ___ Shared
State Engineer Well Permit # No well drilled yet.
Name of Public Water System _____

Irrigation Well or Flood Irrigated Area on the lot. ___ Yes X No

IV. SYSTEM DESIGN

A. Treatment Unit
X Septic Tank Capacity 1250 Gallons
Manufacturer: York Septic Systems Certification No: 00-05-145
___ Other (specify): _____

B. Disposal System: X Trench ___ Bed ___ Seepage Pit ___ Mound
___ Evapotranspiration ___ Other, Specify: _____
Materials ___ Pipe and Gravel X Gravelless (specify) ADS HC Biodiffuser

C. Minimum required absorption area 900 square feet
Trench or Bed width 3" ft. Gravel depth below distribution pipe n a ft.
Total Trench or Bed length 188 ft. Number of trenches: 2
Number of gravelless units 30

D. Depth from ground surface to bottom of absorption area 4.5' ft.

NMED retain white copy

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:	
+10	ft.	Property line	+10	ft.
+10	ft.	Property line	+10	ft.
+10	ft.	Buildings	+10	ft.
+10	ft.	Structures	+10	ft.
>50	ft.	Wells	>100	ft.
n/a	ft.	Irrigation	n/a	ft.
n/a	ft.	Arroyos	n/a	ft.
n/a	ft.	Surface Water	n/a	ft.

Draw picture of system or attach a picture file **BE070355**

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.

York Septic Systems
Signature

6/19/07
Date

___ Owner X Contractor ___ Other ___

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

___ Granted ✓ Granted subject to conditions ___ Denied

___ Conditions ___ Reasons for Denial:

Sect 203 call 48hrs prior to start for inspection

Ann Scarborough
NMED Representative

6/19/07
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 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.

Ann Scarborough
NMED Representative

3/13/08
Date