PAID

RECEIVED
NMED DISTRICT 1
Rio Rancho Field Office
Jun / 9 / 2026 16:58

New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

tion for Liquid Waste Permit or Registration

☑ Conventional ☑ Modify Treatment Unit ☐ Modify Disposal Field ☐ ATS/ADS ☐ Variance ☐ Commercial ☐ Register ☐ Amendment

Section 1 General Information (Incomplete applications will be returned without action)

NMED USE ONLY — Liquid Waste Processing Number: LW0018489 | Field Office ID: | Application Date:

Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name): McWilliams Living Trust c/o Mary J McWilliams Spencer et al

E-mail address(es): mark@markpuckett.com

Phone: 505-269-6999

Facility Commercial or Institutional Name:

System Location: Physical Address - (if needed, attach directions): 31 Second Mesa Dr.

Mailing Address (invoices, permits, official correspondence): 700 W E St. Unit 2601

City: Placitas | State: NM | Zip Code: 87043

City: San Diego | State: CA | Zip Code: 92101-5995

Uniform Property Code: 1-023-075-020-090

Date of Record:

Lot Size (0.01 acres): 2.288

Total No. LW Systems on Property: 1

Total Design Flow on Property: 375 GPD

Subdivision: Sundance Mesa

Subdivision Plat Date: 7/7/94

Unit/Phase:

Block:

Lot/Tract: 109

Township: 13N

Range: 4E

Section: 23

Water Supply Source: ☐ Onsite ☐ Private ☑ Onsite ☑ Public ☐ Storage ☐ Shared

No. Connections: N/A

OSE Well Permit No.: (505)827-6120 https://www.ose.state.nm.us/WRAB/index.php N/A

Private Water Well Location (long., lat. or physical address, city, state): N/A

Public Water System Name: Placitas Water

Irrigation well, flood irrigation area on lot? ☐ YES NO ☑

Enter all LW permit numbers for this lot: BE0406 29

Will a petition for variance be submitted with this application? ☐ YES NO ☑

Section 2 Installer Information (NMED verifies all licensing information with CID and company registration with the Secretary of State's Office)

Qualifying Party Name: Scott Cole

Phone: 505-822-9027

Licensed Company Name: (as on file with CID) ASTC, INC.

☑ Corp., Inc. ☐ LLC ☐ Sole Prop. ☐ LP, LLP

Mailing Address (street / PO Box, City, State, Zip): PO Box 92148, Albuq., NM 87199

E-mail address: alphasep1@aol.com

CID License Classification: ☐ MM-1 ☐ MM-98 ☐ MS-1 ☑ MS-2 ☐ Homeowner

CID Company License No.: 93351

I am the qualifying party for a licensed company by the State of New Mexico Regulation Licensing Department, Construction Industries Division (CID). I will either personally install the work myself or authorize company employee(s). Nasir Ali, Rafael Hall & Tyler Cole (named here) to provide the services and labor for this permit application under my direct supervision.

Section 3 Authentication / Verification

By signing below, I attest that the information in this application 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.

Page 2 must be attached for each proposed system on lot

☑ Qualifying Party ☐ Authorized Rep. ☐ Homeowner

Printed Name: SCOTT COLE

Signature:

Date Signed: 6/8/26

NMED USE ONLY

NMED PERMIT TO CONSTRUCT

☒ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Permit to Construct No.: LW0018489

NMED Inspector Name Printed: DOMINIC R. ROMERO

NMED Inspector Signature:

Date: 06.12.26

NMED LIQUID WASTE FEES (permits to construct and operate are valid only upon all fees are being paid). (Amendments no fee required)

☒ Conventional-1000gpd $225	☐ 1001-2000gpd $325	☐ 2001-5000gpd $425	☐ Holding Tank Annual Renewal ($30)	☐ Variance small system $100
☐ ATS/ADS -1000gpd $450	☐ 1001-2000gpd $550	☐ 2001-5000gpd $650	☐ ATS /ADS Annual Renewal ($50)	☐ Variance large system $400

Total Fee Paid: $225 + 1190 | Date Paid: JUN 10 2026 | Payment Received By: J Salazar

FINAL INSPECTION OF LW SYSTEM (90/2, an approved final inspection report is valid for 180 days as a property transfer evaluation)

☒ Final Inspection Conducted by NMED | Final Inspection Date: 06/24/26 | NMED Inspector Name Printed: HELENE SICKLER | ☐ Installation Approved ☐ Installation Approved with Conditions (see inspection form for conditions) ☐ Installation Not Approved

☐ Contractor photo inspection authorized: | Photo inspection date: | Date photos and Completed Form Received by NMED:

NMED PERMIT TO OPERATE (permits to operate holding tanks and ATS / ADS are only valid for one-year, annual renewals applications required)

A permit for operation of the Liquid Waste system described herein is hereby: ☒ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Permit to Operate No.: LW-0018489

NMED Inspector Name Printed: HELENE SICKLER

NMED Inspector Signature:

Date: 06/24/26

Form LW 401E 200701

ENTERED

New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Application for Liquid Waste Permit or Registration

If your lot has more than one LW system, you must fill out a separate application for each system. The site plan drawing must show all liquid waste systems located on your lot. Existing permitted systems must be identified with their LW Permit #. New, modified or unpermitted systems must be clearly labelled on the site plan. NMED agents are not authorized to amend or complete any portion of this application.

Liquid Waste Processing Number: ☐ Amendment LW00184 89

Treatment & Disposal System Design

Section 1 Design Flow, Hydrology, and Soil Description

A. Wastewater Sources & Design Flow Calculations

	Facility	Units (enter number)	(Q) Flow, gpd
1. RESIDENTIAL	☐Single Family Residence A	Bedrooms: 3	Flow: 375
	☐Single Family Residence B	Bedrooms:	Flow:
	☐Multiple Family Units (4 or less units, apartments)	Bedrooms: Bedrooms: Bedrooms: Bedrooms:	Flow:
	☐Cluster System: *(description)*		Flow:
2. COMMERCIAL	☐Multiple Family Units (5 or more units, apartments)	Method of Design Flow Calculation: ☐ Table 201.1 ☐ PE (Calc. Sheet) Attached ☐ Water Meter Data Attached ☐ Calc. Sheet Attached	Flow:
	☐Commercial / Institution:		Flow:
	☐Other (type):	**Total Flow for this LW System:** Q=	Total Flow: 375

B. Hydrology Data (depth to limiting layers)

Depth from ground surface to:	Feet
Seasonal high-water table	10'+
Bedrock	10'+
Caliche	10'+
Clay soils, tight clay	10'+
Gravel, cobbles, highly permeable soil, greater than 30% gravel	10'+

Test Hole / Soil Borings Used: ☐ YES NO ☐

Soil Classification Methodology used: ☐ Jar Test ☐ Web Soil Survey ☐ Hand Sampling ☐ Laboratory: ☐ Sieve ☐ Other Methodology:

C. Soil Description:

Type	AR=
☐Type Ia: Coarse Sand (or up to 30% gravel)	1.25
☐Type Ib: Medium Sand, Loamy Sand	2.0
☐Type II: Sandy Loam, Fine Sand, Loam	2.0
☐Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
☐Type IV: Sandy Clay, Silty Clay, Clay	5.0

Section 2. Treatment Unit and Pump Design: *(Note: 202D, E & F, tank modification or registration requires pumping, and be within one tank size)*

A. CONV. Primary Treatment Unit ☐Septic Tank(s) — No. Septic Tank(s): 1 — Manufacturer: Infiltrator — Series / Model / Certification No.: 11-03-100 — Capacity (gallons): 1060 — Cover Depth: 31

Tank Bedded in: (circle one) Undisturbed Soil / Compact Soil / Pea Gravel / Sand — Tank Back Fill: (circle one) Native soil with no rocks / Pea Gravel / Sand

(Tanks are approved for max 3' cover unless otherwise approved / marked)

B. PUMP

☐Pump Tank ☐Pump Basin	Manufacturer:	Series / Model:	Capacity (gallons)	Cover Depth:
☐Pump ☐Dual Pump	Manufacturer:	Series / Model:	Pump Curve Attch'd: ☐YES NO☐	Effluent Pump: ☐YES NO☐

C. ALTERNATIVE ATS

☐Secondary	☐Standard ☐Conditional ☐Experimental	☐Required ☐Voluntary	Manufacturer:	Series / Model:	Capacity (gallons): / Cover Depth:
☐Tertiary					
☐ Disinfection	☐UV ☐Ozone ☐Chlorine	☐Required ☐Voluntary	Manufacturer:	Series / Model:	All Tank Burial Instructions Attached. Applicant has read and understands proper burial instructions & will adhere: ☐YES NO☐ Initial Here: SC

Section 3 Disposal System Design, Components and Calculations: *(Note: 202D&E, disposal field modification requires tank pumping, addition of filter and risers, I/O baffle or T's checked)*

A. Minimum Required absorption area, calculated (Multiply Design Flow (Q) times Application Rate (AR)): Q X AR = — Min. Sq. Ft. Required: — Existing Sq. Ft. utilized: + — Proposed Sq. Ft.: = — Total Disposal Area Sq.Ft.

B. Design Components: ☐Distribution Box ☐Tee ☐ Drop Box ☐Alternating Drainfield Valve ☐ Other:

C. CONVENTIONAL DISPOSAL

1. Discharging	☐Pipe & Gravel ☐Elevated	Trench Width:	Depth Gravel Below Pipe:	Total Linear Feet:	No. of Trenches:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:	
	☐Chamber ☐Synthetic Aggregate, ☐Elevated System	Mfr. Model No &	Sizing Credit (sf/lf, or unit):	Total Linear Feet:	No. of Units:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:	
1.	☐Seepage Pit ☐Absorption Bed ☐Elevated System	Dimensions (L x W):	Depth below invert:	Proposed Sq. Ft.:	Max Depth:	(fine to med Sand ASTM Specs Attached?) ☐ YES NO ☐		☐ET Bed (unlined, gravity fed)		
2. Non-discharging	☐Holding Tank	No. of Tank(s)	Manufacturer:	NM Certification No.:	Capacity:	Cover Depth:		High Water Alarm at 80%? ☐ YES NO ☐ Set at:_____"		
	☐Vault	☐Other (description):	☐Privy (outhouse)			☐Split Flow: (complete holding tank section & septic tank & conventional disposal section):				

Section 4 Alternative Disposal System (ADS) Design, Components and Calculations

For all ADS's – calculation sheets & site plan drawings (plan view with cross section views) must be submitted with this permit application.

ALTERNATIVE DISPOSAL

1. Discharging	☐Wisconsin Mound	☐Unlined ET Bed	☐Effluent Irrigation Re-use *(804 reduced setbacks allowed)*		☐Sand-Lined Trench Sand ASTM Specs Attached? ☐ YES NO ☐	☐Bottomless Sand Filters Sand ASTM Specs Attached? ☐ YES NO ☐
	☐LPD	☐LPP	☐Wetland	☐Graywater	☐Drip Irrigation	
	☐Other (description of above system):					
2. Non-discharging	☐Lined ET Bed (fine to med Sand ASTM Specs Attached?) ☐ YES NO ☐	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:	☐Lined Lagoon *(DP Transfers / Registrations Only)*	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:
	☐Other (description, liner specs attached):					

Section 5 Setbacks, Site Plan & Attachments (check those that apply)

☑YES NO ☐ 1. Does proposed system meet all setbacks required per Table 302.1?

☑YES NO ☐ 2. Site plan attached which shows all structures, LW systems, and wells / waters within 200', with all setbacks clearly shown?

☐N/A ☐ YES NO ☐ 3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?

Supporting Documents Included: ☑Survey or ☐Plat ☑Elevation ☑Warranty Deed or ☑Tax Bill ☐Other:

New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

RECEIVED
NMED DISTRICT 1
Rio Rancho Field Office
Jun / 9 / 2026 16:58

Application for Liquid Waste Permit or Registration

☑ Conventional ☑ Modify Treatment Unit ☐ Modify Disposal Field ☐ ATS/ADS ☐ Variance ☐ Commercial ☐ Register ☐ Amendment

Section 1 General Information (Incomplete applications will be returned without action)

NMED USE ONLY — Liquid Waste Processing Number: LW0018489 | Field Office ID: | Application Date: JUN 15 2026

Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name): McWilliams Living Trust c/o Spencer & Mary McWilliams TR

E-mail address(es): mark@markpuckett.com | Phone: 505-269-6996 | Facility Commercial or Institutional Name:

System Location: Physical Address - (if needed, attach directions): 31 Second Mesa Dr. | City: Placitas | State: NM | Zip Code: 87043

Mailing Address (Invoices, permits, official correspondence): 700 W E St. Unit 2601 | City: San Diego | State: CA | Zip Code: 92101-5995

Uniform Property Code	Date of Record	Lot Size (0.01 acres)	Total No. LW Systems on Property	Total Design Flow on Property
1-033-075-020-090		2.288	1	375 GPD

Subdivision	Subdivision Plat Date	Unit/Phase	Block	Lot/Tract	Township	Range	Section
Sundance Mesa	7/7/94			109	13N	4E	33

Water Supply Source: ☐ Onsite ☐ Private ☑ Onsite ☐ Public ☐ Storage ☐ Shared

No. Connections: N/A | OSE Well Permit No. (505)827-6120 https://www.ose.state.nm.us/WRAB/index.php: N/A | Private Water Well Location (long., lat. or physical address, city, state): N/A

Public Water System Name: Placitas Water | Irrigation well, flood irrigation area on lot? ☐ YES NO ☑ | Enter all LW permit numbers for this lot: BE0401629 | Will a petition for variance be submitted with this application? ☐ YES NO ☑

Section 2 Installer Information (NMED verifies all licensing information with CID and company registration with the Secretary of State's Office)

Qualifying Party Name: Scott Cole | Phone: 505-822-9027 | Licensed Company Name: (as on file with CID) ASTC, INC. | ☑ Corp., Inc. ☐ LLC ☐ Sole Prop. ☐ LP, LLP

Mailing Address (street / PO Box, City, State, Zip): PO Box 92148, Albq., NM 87199 | E-mail address: alphasep1@aol.com

CID License Classification: ☐ MM-1 ☐ MM-98 ☐ MS-1 ☑ MS-2 ☐ Homeowner | CID Company License No.: 93351

I am the qualifying party for a licensed company by the State of New Mexico Regulation Licensing Department, Construction Industries Division (CID). I will either personally install the work myself or authorize company employee(s), Mason Cole, Rafael Hard & Tyler Cole (named here) to provide the services and labor for this permit application under my direct supervision.

Section 3 Authentication / Verification

By signing below, I attest that the information in this application 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.

Page 2 must be attached for each proposed system on lot	☑ Qualifying Party ☐ Authorized Rep. ☐ Homeowner	Printed Name: SCOTT COLE	Signature:	Date Signed: 6/8/26

NMED USE ONLY

NMED PERMIT TO CONSTRUCT

☐ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Permit to Construct No.: LW.0018489

NMED Inspector Name Printed: | NMED Inspector Signature: | Date:

NMED LIQUID WASTE FEES *(permits to construct and operate are valid only upon all fees are being paid), (Amendments no fee required)*

☐ Conventional-1000gpd $225	☐ 1001-2000gpd $325	☐ 2001-5000gpd $425	☐ Holding Tank Annual Renewal ($30)	☐ Variance small system $100
☐ ATS/ADS -1000gpd $450	☐ 1001-2000gpd $550	☐ 2001-5000gpd $650	☐ ATS /ADS Annual Renewal ($50)	☐ Variance large system $400

Total Fee Paid | Date Paid | Payment Received By

FINAL INSPECTION OF LW SYSTEM *(802I, an approved final inspection report is valid for 180 days as a property transfer evaluation)*

☐ Final Inspection Conducted by NMED	Final Inspection Date:	NMED Inspector Name Printed:	☐ Installation Approved ☐ Installation Approved with Conditions (see inspection form for conditions) ☐ Installation Not Approved
☐ Contractor photo inspection authorized:	Photo inspection date:	Date photos and Completed Form Received by NMED:	

NMED PERMIT TO OPERATE *(permits to operate holding tanks and ATS / ADS are only valid for one-year, annual renewals applications required)*

A permit for operation of the Liquid Waste system described herein is hereby: ☐ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Permit to Operate No.:

NMED Inspector Name Printed: | NMED Inspector Signature: | Date:

Form LW 401E 200701

ENTERED

RETRACEMENT SURVEY
OF

LEGAL DESCRIPTION:

LOT NUMBERED ONE HUNDRED NINE (109) OF SUNDANCE MESA SUBDIVISION, SANDOVAL COUNTY, NEW MEXICO, AS THE SAME IS SHOWN AND DESIGNATED ON THE PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY CLERK OF SANDOVAL COUNTY, NEW MEXICO, ON JULY 7, 1994, IN VOLUME 3, FOLIO 1151-A.

GENERAL NOTES:

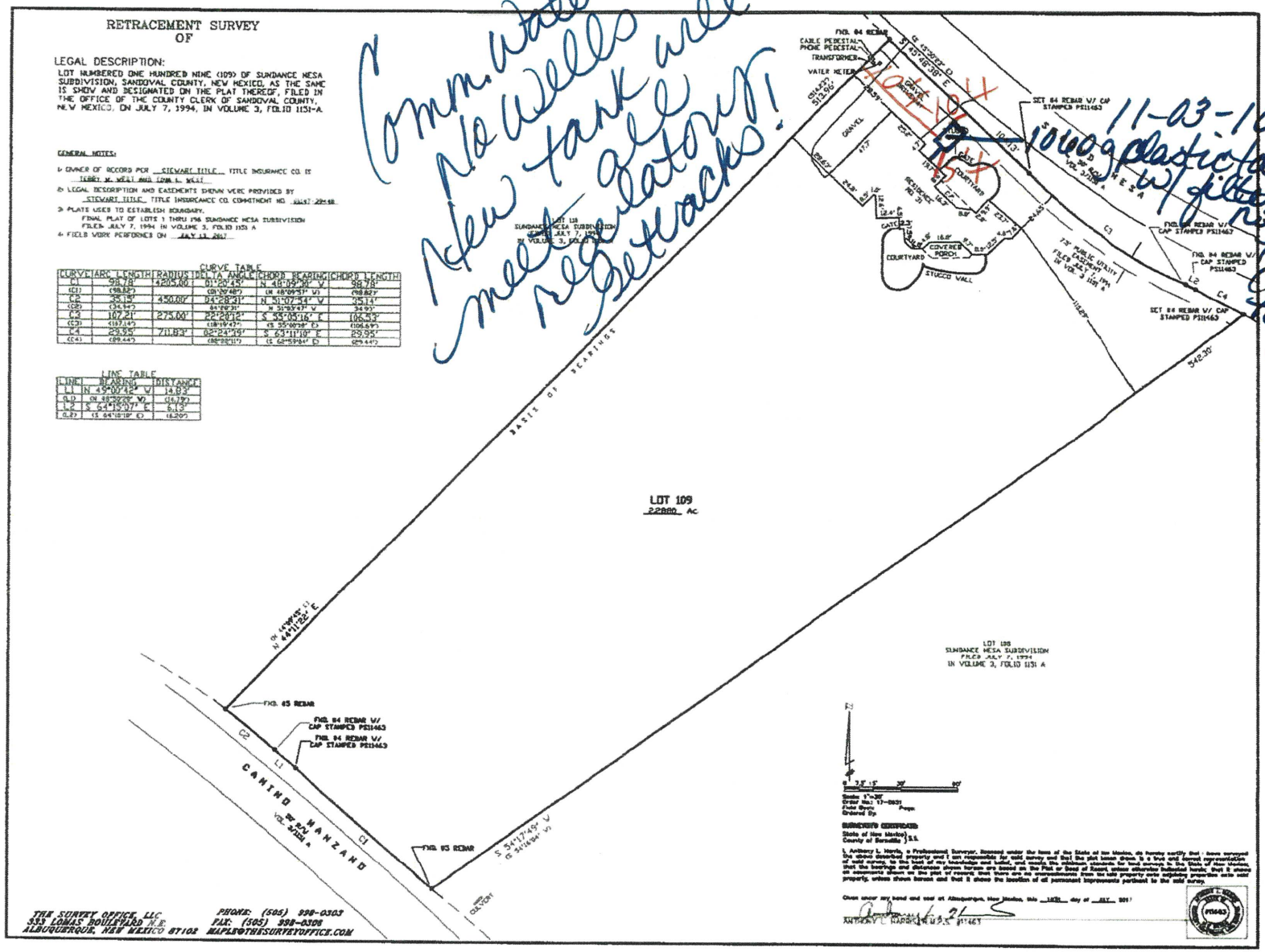
1. OWNER OF RECORD PER STEWART TITLE TITLE INSURANCE CO. IS TERRY W. WEST AND LORA L. WEST
2. LEGAL DESCRIPTION AND EASEMENTS SHOWN WERE PROVIDED BY STEWART TITLE TITLE INSURANCE CO. COMMITMENT NO. 0067-29458
3. PLATS USED TO ESTABLISH BOUNDARY.
   FINAL PLAT OF LOTS 1 THRU 196 SUNDANCE MESA SUBDIVISION
   FILED: JULY 7, 1994 IN VOLUME 3, FOLIO 1151 A
4. FIELD WORK PERFORMED ON JULY 13, 2017

CURVE TABLE

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	98.78'	4205.00'	01°20'45"	N 48°02'38" W	98.78'
(C1)	(98.82')		(01°20'48")	(N 48°09'51" W)	(98.82')
C2	36.18'	450.00'	04°36'31"	N 51°07'54" W	36.14'
(C2)	(36.19')		04°36'31"	N 51°39'47" W	36.19'
C3	107.21'	275.00'	22°20'15"	S 35°08'16" E	106.53'
(C3)	(107.14')		(22°19'47")	(S 35°00'38" E)	(106.49')
C4	29.95'	711.83'	02°24'19"	S 63°11'19" E	29.95'
(C4)	(29.94')		(02°23'11")	(S 62°59'24" E)	(29.94')

LINE TABLE

LINE	BEARING	DISTANCE
L1	N 45°07'42" W	14.83'
(L1)	(N 48°39'05" W)	(14.78')
L2	S 64°15'07" E	6.13'
(L2)	(S 64°18'19" E)	(6.20')



THE SURVEY OFFICE, LLC
3351 LOMAS BOULEVARD N.E.
ALBUQUERQUE, NEW MEXICO 87102
PHONE: (505) 998-0303
FAX: (505) 998-0308
MAPS@THESURVEYOFFICE.COM

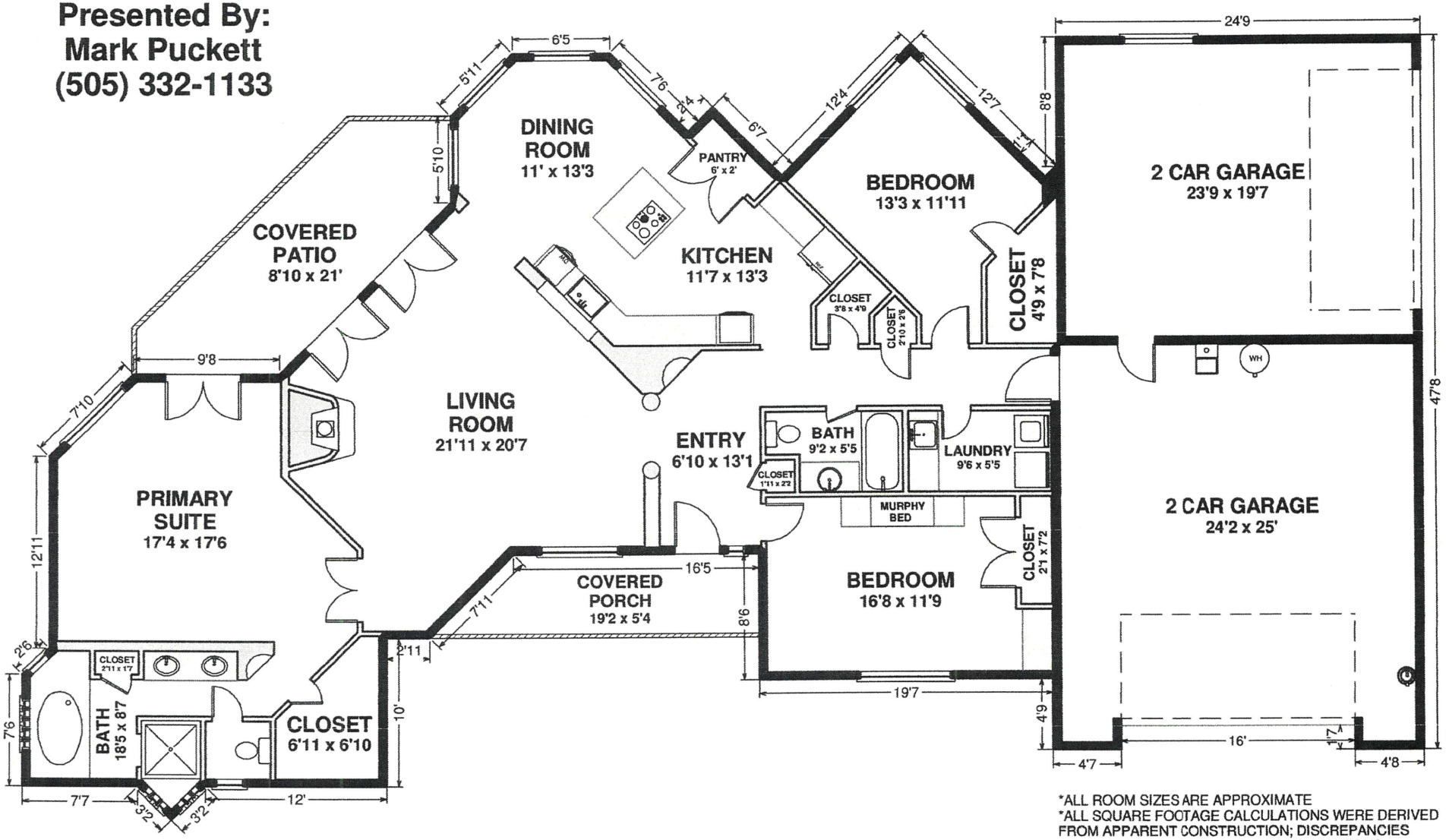
Comm. water - No wells New tank will meet all regulatory setbacks!

11-03-100 10600 gal plastic tank w/ fill & riser to be connected to well.

PLATINUM PROPERTIES & INVESTMENTS INC.

Presented By:
Mark Puckett
(505) 332-1133

31 2nd Mesa Dr Placitas, NM 87043	
Heated Living Space	2175 SF
Garages	1163 SF



AMB Floorplans, LLC
(505) 944-6882
AMBFloorplans.com

*ALL ROOM SIZES ARE APPROXIMATE
*ALL SQUARE FOOTAGE CALCULATIONS WERE DERIVED FROM APPARENT CONSTRUCTION; DISCREPANCIES MAY EXIST DUE TO MEASUREMENT VARIATIONS
Preparer is not an appraiser and is not liable for discrepancies w/appraisal calculations. This plan is diagrammatic & its only purpose is to provide a basic layout of the residence.

This page can be printed using your internet browser or by CTL + P
Account: R031374

Location

Parcel Number 1-023-075-020-090

Tax Area 802HL_R - 802HL_R

Situs Address 31 SECOND MESA DR

Legal Summary Legal: S: 23 T: 13N R: 4E Subd: SUNDANCE MESA Lot: 109

Owner Information

Owner Name MCWILLIAMS LIVING TRUST

In Care Of Name C/O MCWILLIAMS, SPENCER A AND MARY J

Owner Address 700 W E ST UNIT 2601 SAN DIEGO, CA 92101-5995 UNITED STATES OF AMERICA

Assessment History

Actual Value (2026 - Residential Cap applied) $463,238

Primary Taxable $154,413

Tax Area: 802HL_R **Mill Levy:** 20.687

Type	Actual	Assessed	Acres	SQFT	Units
Residential Land	$86,094	$28,698	2.288	99665.280	1.000
Residential Improvement	$377,144	$125,715		2119.000	

Transfers

Sale Date	Doc Description
08/18/2017	WARRANTY DEED
06/26/2006	UNASSIGNED
06/19/2006	CASH SALE
11/26/2003	UNASSIGNED

Tax Year	Taxes
*2026	$3,194.36
2025	$3,172.64

* Estimated

Images

- Map
- Photo
- Sketch
- GIS

This page can be printed using your internet browser or by CTL + P
Account: R031374 Land

- Attributes
- Remarks

Abstract Code	Tax Area Override
RESIDENTIAL LAND	

Acres	SQFT	Units
2.28800	99665.28	1

Parcel Number
1023075020090

2017019602 B: 420 P: 19602 WD
08/18/2017 02:21:16 PM Page 1 of 1
Eileen Garbagni, County Clerk-Sandoval County, NM

Stewart File No. 01147-39440SJ

WARRANTY DEED

Terry W. West and Tina L. West, husband and wife

for consideration paid, grant(s) to

Spencer A. McWilliams and Mary J. McWilliams, Trustees of the McWilliams Living Trust dated March 21, 2014 and any amendments thereto

whose address is: 700 W. E St, Unit 2601, San Diego, CA 92101

the following described real estate in Sandoval County, New Mexico:

Lot numbered One Hundred Nine (109) of Sundance Mesa Subdivision, Sandoval County, New Mexico, as the same is shown and designated on the plat thereof, filed in the Office of the County Clerk of Sandoval County, New Mexico, on July 7, 1994, in Volume 3, Folio 1151-A.

Subject to patent reservations, restrictions and easements of record and to taxes for the current year and years thereafter.

with warranty covenants.

Witness this 17 day of August, 2017

Terry W. West

Tina L. West

State of New Mexico
County of Bernalillo

This instrument was acknowledged before me on 17 day of August, 2017 by Terry W. West and Tina L. West.

Notary Public Sandra Johnson

My Commission Expires: July 24, 2018

OFFICIAL SEAL
Sandra Johnson
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 7-24-18

New Mexico Environment Department

Property Transfer Evaluation Report

for Permitted Onsite Liquid Waste Systems

GENERAL INFORMATION

To be completed by Owner or Owner's Representative

Liquid Waste Permit Number: BE040629

EXISTING PERMIT INFORMATION	Existing Permit Number(s): BE040629	Lot Size on Permit (to 0.01 acres): 2.288	Number of Bedrooms on Permit: 3
CURRENT OWNER INFORMATION	Name: McWilliams Living Trust	Mailing Address: 31 Second Mesa Dr, Placitas, NM 87043	Phone: 760-505-4889
PROPERTY INFORMATION	Site Address: 31 Second Mesa Dr, Placitas, NM 87043	Uniform Property Code (13 digits, #-###-###-###-###): 1023075020090	Lot Size (to 0.01 Acres): 2.288
	Township/Range/Section: T13N R4E 23	Subdivision: Sundance Mesa	Lot/Tract/Block/Unit: 109
RESIDENCE INFORMATION	Current Number of Bedrooms in Main Residence: 1 2 (3) 4 5 6 Other:	Other structure on property being used as a residence? YES (NO)	Describe Current Number of Bedrooms In Other Residential Structures:
WATER SOURCE	Water Source (Circle One): Private Well (Public Water) Shared Well No. Connections	Well on your property? YES (NO)	Well Permit Number: —
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES (NO)	If YES, What Permit Numbers? —	Describe Other Sources —

THIRD PARTY EVALUATOR INFORMATION

To be completed by Third Party Evaluator, Owner or Owner's Representative

EVALUATOR INFORMATION	Name of Person Evaluating LW System: Damon Hansel	Name of Company: American Pumping Svc	Phone Number: 505-344-7667	
THIRD PARTY EVALUATOR QUALIFICATION	MM-98 MM-01 MS-03 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED:	License/Certification#: 17856 - ITC	Expiration Date: 09-2024	
SEPTAGE PUMPER INFO	Name of Company: American Pumping Svc.	Name of Septage Pumper: Damon Hansel	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? (YES) NO	

OTHER INFORMATION

NOTICE TO OWNER OR AGENT:

1. This report shall not be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system.
2. A fee of $50.00 will be charged by the department upon filing this report to be included in the official record.

Your signature below attests that the above detailed information is correct and true to the best of your knowledge.

Owner or Authorized Representative Name Printed	Signature	Date
Mark J Puckett	Authenti Mark J Puckett	05/12/26

LIQUID WASTE SYSTEM EVALUATION

To be completed by Third Party Evaluator

Liquid Waste Permit Number: BE 040629.

Septic Tank

LOCATION

Latitude (DD.ddddd°): 35°20.1805

Longitude (DDD.ddddd°): 106°29.6587

Elevation (Feet): 5372

SIZE and MATERIALS

Size (gallons): (1000) 1200 1500 Other: _____

Material: (Concrete) Plastic Fiberglass Other Note:

Manufacturer of Tank:

Tank Dimensions: (ext lth x with x lq dth, inches) _____ x _____ x _____

Covers Secure? (YES) NO

Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved): 3 feet

Year Tank Manufactured (as marked on tank):

ACCESS RISERS

Access Risers (Inlet & Outlet?) (Req'd 1997 1 ft. grade, 2005 to grade): (YES) NO Not Required

Effluent Filter? (Required 2005): YES (NO) (Not Required)

Handle on Effluent Filter within 6" cover? (Required 2013): YES (NO) (Not Required)

Number of Risers on tank: (over inlet and outlet, over baffle wall vent not acceptable): 0 1 (2)

Riser Internal Diameter: (inches) (3' cover 24", over 3' cover 30" rqr'd): (24") 30" Other: _____

Material: (metal prohibited): Concrete coated (Plastic) Concrete Type V

FUNCTIONALITY

How many Gallons were pumped for this evaluation? 1,000 Gallons

Water Level in Tank at Outlet (Circle One): Above Invert (At Invert) Below Invert

Does Tank appear Level? (Circle One): (YES) NO

Inlet Tee/Baffle (Circle One): (OK) NOT OK Note:

Outlet Tee/Baffle (Circle One): (OK) NOT OK Note:

Baffle Wall (Circle One): (OK) NOT OK Note:

VISIBLE DESCRIPTORS (Circle All that Apply): (Structural Cracking) Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire Tank/Manhole Deformed

Notes:

SEPTIC TANK SETBACKS

Setbacks to On-site Water Well (50 ft): (Met) Not Met Unable to Confirm N/A Distance: 50 Feet

Setbacks to Neighbor's Well (50 ft): (Met) Not Met Unable to Confirm N/A Distance: 50 Feet

Setbacks to Public Water Well (100 ft): (Met) Not Met Unable to Confirm N/A Distance: 100 Feet

Setbacks: State Waters, Arroyos, Ditches: (Met) Not Met Unable to Confirm N/A

To Property Lines, Structures, Waterlines: (Met) Not Met Unable to Confirm N/A

Setbacks to Disposal System: (Met) Not Met Unable to Confirm N/A

HOLDING TANK

Annual Operating Permit Approved? YES NO N/A _____

High Level Alarm working properly? YES NO N/A _____

Appears to be Watertight? YES NO N/A

Pumping Records Available? YES NO N/A

Note any Problems, Concerns or Comments: Tank has Cracks

Disposal System

TYPE OF DISPOSAL SYSTEM (Circle ALL that apply)

(Conventional) (Trench) (Pipe and Gravel) Chambers Synthetic Aggregate Other Seepage Pit Leaching Bed Elevated System with Lift Station

Alternative/ Other: Elevated System with Pressure-Dosing Wisconsin Mound ET Bed Gray Water System Drip System Low-pressure Dosed Split-Flow Bottomless Sand Filter Sand-lined Trench Soil-Replacement Vault Privy Constructed Wetlands Other:

ANNUAL OPERATING PERMIT

Annual Operating Permit Approved? YES NO N/A _____

DISTRIBUTION BOX

Is there a D-Box on this system? YES NO (UNABLE TO CONFIRM)

Watertight & Equal Distribution of Flow? YES NO (UNABLE TO CONFIRM)

Access to D-Box? (Required 2013) YES NO

INSPECTION METHODS & OBSERVATIONS

Did you Probe Disposal Field Area? YES (NO)

Approximately how many Gallons of water added for Hydraulic Water Test? Gallons Added: 100

Method used to measure gallons? (Bucket 5 gal, minutes:) Water meter: Approximate:

Any Indication of Previous Failure? YES (NO)

Seepage Visible on Lawn? YES (NO)

Lush Vegetation Present? YES (NO)

Evidence of Ponding Water in Field? YES (NO) N/A UNABLE TO CONFIRM

Even Distribution of Effluent in Field? (YES) NO N/A UNABLE TO CONFIRM

Any Septic Odor Present? YES (NO)

DISPOSAL SYSTEM SETBACKS

Setbacks to On-site Water Well (100 ft): (Met) Not Met Unable to Confirm N/A Distance: 100 Feet

Setbacks to Neighbor's Well (100 ft): (Met) Not Met Unable to Confirm N/A Distance: 100 Feet

Setbacks to Public Water Well (200 ft): (Met) Not Met Unable to Confirm N/A Distance: 200 Feet

Setbacks: State Waters, Arroyos, Ditches: (Met) Not Met Unable to Confirm N/A

To Property Lines, Structures, Waterlines: (Met) Not Met Unable to Confirm N/A

Setbacks to Septic Tank: (Met) Not Met Unable to Confirm

LIQUID WASTE SYSTEM EVALUATION

To be completed by **Third Party Evaluator**

Liquid Waste Permit Number: BE040629

FUNCTIONALITY	Does the Disposal System Appear to be Functioning Properly? (YES) NO	If proprietary product, was system installed in accordance with manufacturer's specifications and permit design? N/A Yes No (Unable to Confirm)

Note any Problems, Concerns or Comments:

[✓] Not Applicable check here if not applicable — Advanced Treatment System

ATSs can only be evaluated by a Qualified Maintenance Service Provider. Are you a Qualified MSP? YES NO

TYPE OF ATS	Name of Manufacturer: N/A	Model/Capacity	What Level of Treatment: Secondary Tertiary Disinfection

FUNCTIONALITY	Aerator is working properly? YES NO	System appears to have been properly maintained? YES NO	Disinfection unit is working properly? Chlorine UV Other:_____ YES NO N/A	Has System been meeting treatment levels required on permit? YES NO DON'T KNOW
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO Name of MSP:_____	Has a Maintenance & Monitoring event occurred within last 180 days? YES NO DON'T KNOW	Are Results of Maintenance & Monitoring Report Attached? YES NO	
ANNUAL OPERATING PERMIT	Annual Operating Permit Approved? YES NO N/A_____	Mfr's Maintenance Checklist Attached: YES NO	Level of Treatment Required for: Lot size Clearance Setback Soil	

Note any Problems, Concerns or Comments:

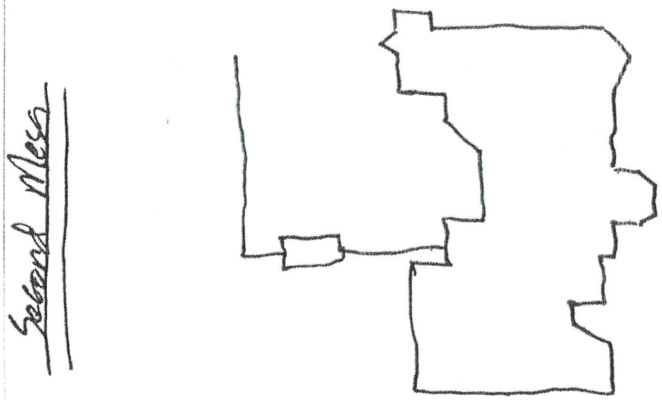
N/A

[✓] Not Applicable check here if not applicable — Pump Systems

FUNCTIONALITY	Is pump operating properly? YES NO	Is pump above Tank floor? YES NO	High Level Alarm Works? YES NO
	Alarms and pumps on separate circuits? YES NO	Is pump wiring protected? YES NO	Both Audible & Visible Alarms present? YES NO
	Is there a Riser to Grade w/ Secure Lid? YES NO	Is tank watertight and structurally sound? YES NO	Is there a Check Valve & Purge/Vent Hole? YES NO

Note any Problems, Concerns or Comments:

Draw a Simple Sketch of the System (Include North Arrow, Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank)



Property Transfer Evaluation Summary

For Permitted Onsite Liquid Waste Systems

Liquid Waste Permit Number: BE040629

Note: Unlicensed evaluators, septage pumpers, maintenance service providers and any unlicensed entity cannot repair or modify a liquid waste system

	Evaluation Criteria (pursuant to Section 902(F) and (G) of 20.7.3 NMAC)		Circle One (You must circle one for each item or this form will be considered incomplete)	
1	Public Health and Safety	Does this system currently constitute a public health or safety hazard?	(YES)[1]	NO
2	Septic Tank/ Treatment Unit	Is the septic tank/treatment unit watertight and functioning properly?	YES	(NO)[2]
3	Disposal System	Does the disposal system appear to be functioning properly?	(YES)	NO[2]
4	Setbacks and Clearances to waters	Does the system appear to meet all setbacks and clearances to waters?	(YES)	NO[2]
5	Setbacks and Clearances to all other than waters	Does the system appear to meet all setbacks and clearances to all other than waters and greater than 1 foot?	(YES)	NO[3]
6	Lot Size Requirements	Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation, or in effect at the time of the most recent permitted modification?	(YES)	NO[3]
7	Bedrooms/Design Flow	Has the number of bedrooms (or design flow) increased from the number of bedrooms or design flow stated on original permit?	YES[3]	(NO)
8	Advanced Treatment Systems	Is a Monitoring or Sampling Report attached, which has been completed within the past 180 days? *(Required for All ATSs)*	YES	NO[2] (N/A)

Evaluator Recommendations *Circle All that Apply*

Liquid waste system appears to be functioning properly (Septic Tank Needs Replacement) Septic Tank Needs Repairs
Disposal System Needs Replacement/Expansion or Repairs ATS Needs Replacement, Maintenance /Repairs

Comments *(describe any problems with the system and any repairs made):*

Tank has Cracks

Only licensed contractors and their employees may construct, repair, or replace components of a permitted septic system, this includes the following activities; install risers, repair risers or broken riser covers, install tee's, install filters, repair or replace pumps or aerators, repair leaking tanks, install or repair inspection ports, provide invoices for said repairs and collect payments for licensed companies only

By signing below, I acknowledge that I personally conducted this evaluation & the information contained in this report is correct and true to the best of my knowledge.

Evaluator's Name Printed	Evaluator's Signature	Date
Damon Hansel	Damon Hansel	5/20/26

The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report.

For systems that do not meet the evaluation criteria specified above (1, 2 or 3), appropriate action shall be taken by the property owner to assure that these systems are brought into compliance with The Liquid Waste Regulations 20.7.3 NMAC. See Below

1	Immediate action is required by property owner to remedy hazard
2	A permit modification, system repairs or permit amendment are required. If permit modification is required, an application must be submitted to NMED Field Office within 15 days of this evaluation. The system must be brought into compliance with current standards. For ATSs, a current sampling report must be submitted.
3	No Action is required at this time. When system fails or it is modified, the system must be brought up to the standards of the regulations in effect at the time of system failure or modification. An advanced treatment system may be required.

NMED ONLY LIQUID WASTE FEE ($50)	Fee Paid:	Invoice #	Date Paid:	Payment Received By

Return this completed report to the local NMED Field Office within 15 days of the evaluation.

This form is valid for 180 days after the date the evaluation was conducted.

NMED DATE STAMP for Date Received

New Mexico Environment Department
Environmental Health Bureau

On-site Liquid Waste System

Permit to Construct

Owner Name: McWilliams Living Trust

Installer Name: ASTC, Inc.

System Location: 31 Second Mesa Dr, Placitas, NM 87043

System Type: Conventional

Permit Number: LW-0018489

The New Mexico Environment Department may cancel this permit for failure to meet any of the following: failure to complete the system within one year, for providing inaccurate or incomplete information, or failure to notify NMED to schedule an inspection within a minimum of 2 working days prior to inspection.

The authority to issue this permit was delegated from the Cabinet Secretary to the Bureau Chief on June 23, 2025

Date Issued: June 18, 2026

Date of Expiration: June 18, 2027

Authorizing Official, NMED

New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Onsite Liquid Waste System Inspection Form

Applicant Name:	System Address (Street, City):	NMED LW Permit No.
McWilliam Living Trust	31 2nd Mesa Dr Placitas	LW-0018489

* See Guidance Policy — ☐ Initial Inspection ☐ Re-inspection ☐ CAR ☑ Final Inspection ☐ Other:

In	Out	N/A	N/O	Item #				
				1.	**Building Sewer to Septic Tank 504**			
/				1.1.	**Correct size and material:** 4" SCH 40, PVC Foam Core or ABS (UPC allows 3" from stub out to tank, inlet tee but must be 4" min) **502E**			
/				1.2.	**Cleanouts:** Required cleanouts present, Installed correctly, to grade, for each 100 feet or fraction thereof. Installed pursuant to NMPC **504B**			
/				1.3.	**Bedding and Slope:** Pipe properly bedded correct slope 2% **min** (1/4" per foot), or 1% min (1/8" per foot) where 2% impractical for 4" or larger pipe **504A**			
In	Out	N/A	N/O	**2.**	**Septic Tank 501, 502**			
/				2.1.	**Matches Application:** the number, sizes and types of tanks matches the application **Table 201.2,502C**			
/				2.2.	**Setback-** tanks meets all setback requirements including, structures, neighbor's wells, water courses, water bodies **Table 302.1**			
/				2.3.	**Tank Location:** Located as per site plan	Latitude: 35° 20' 11" N	Longitude: 106° 29' 40"	Elevation: 5370'
		/		2.4.	**Onsite Well Location:**	Latitude N/A	Longitude:	Elevation
		/		2.5.	**Offsite Well Location:**	Latitude N/A	Longitude:	Elevation
		/		2.6.	**Labeled: Concrete Tank** is Certified and Correctly Labeled (have the manufacturer's name, New Mexico registration number, year of construction and tank capacity in gallons permanently displayed on the tank above the outlet pipe **501B-4**			
/				2.7.	**Level, Orientation& Depth:** Tank is level, correctly oriented and does not exceed maximum burial depth for this tank **501J-7,501B-2,501H**			
/				2.8.	**Inlet/Outlet pipes:** are sealed and watertight; correct size, material, poly-boot installed on outlet, **502E,* Guidance**			
/				2.9.	**Inlet/Outlet Baffle or Tee:** extends 4" above liquid level and 12" minimum below **502F**			
/				2.10.	**Venting:** Tank and fittings correctly vented (tank has 2" min back vent opening, 9' min air space above liquid, baffle wall vent area) **502G,502I**			
/				2.11.	**Effluent filter**: Installed with handle extending to within 6" of the top of the riser **502H**			
/				2.12.	**Manholes:** (2) correctly sized 20" min & located above inlet and outlet. Tanks over 12' long require a third manhole opening.**502D**			
/				2.13.	**Risers:** at grade, secure lids (58# or fasteners), correct diameter (up to -3' cover /24"min diameter; over 3' cover / 30"min diameter) **501E,502D**	Tank Cover Depth: 32"		
		/		2.14.	**Concrete Tank Coating**: coated with proper material to 6" below water line OR Type V Concrete **501J-5**			
/				2.15.	**Plastic Tank**: Installed per Manufacturer's, instructions available on-site, marked with manufacturer's name, model number, code or date of manufacture, tank capacity in gallons, load capacity in psf, cover depth, inlet and outlet permanently displayed on the tank) **501I**			
		/		2.16.	**Water-tightness:** test conducted and determined watertight **203D,501B-5**			
		/		2.17.	**Flotation Prevention:** properly installed for tanks in high groundwater or floodplains **501B7 * Guidance**			
		/		2.18.	**Modification 202D** (disposal area modification, tank within one tank size): Risers, filter w/ handle, I/O tees or baffles in place, REQUIRED			
		/		2.19.	**Modification 202D** (disposal area modification, tank within one tank size): Tank pumped: _____ gallons: REQUIRED			
In	Out	N/A	N/O	**3.**	**Pumps and Pump Tanks 503**			
		/		3.1.	**Type & Size**: Pump size and type matches application; designed to pump sewage, or effluent, Single pump up to 1000gpd, dual alternating pumps over 1000gpd 807A-6; sized to meet their intended purpose **503D**			
		/		3.2.	**Water-tightness:** test conducted on pump tank and determined to be watertight **203D,501B-5, ,503A**			
		/		3.3.	**Concrete Pump Tanks:** If concrete, coated to protect corrosion or Type V Concrete **501J-5,503A**			
		/		3.4.	**Accessible:** Valves, motors, pumps, aerators etc. are accessible for inspection and repair; Access port minimum of 20" **503B**			
		/		3.5.	**Covers:** shall have locking mechanism or if concrete, be min. 58 pounds **501E,503B**			
		/		3.6.	**Alarms:** Equipped with both audible and visible alarms, or remote and visual alarms, for high water & pump failure; conspicuous location; contained in weather-proof structure; All alarm & control circuits are on a separate circuit from pumps **503C**			
		/		3.7.	**Siphoning/Freezing:** Provisions made for the prevention of siphoning back to the pump tank and prevention of freezing **503D * Guidance**			
In	Out	N/A	N/O	**4.**	**Distribution Box ☐ Tee ☐ Drop Box ☐ 701**			
			/	4.1.	Installed on a level base in ☐natural undisturbed or ☐compacted soil or on a ☐concrete footing **701H**			
			/	4.2.	Distribution Box / Tee min 5' setback from disposal field **Table 302.1**			
			/	4.3.	**Concrete D-Boxes:** coated with bituminous coating or other approved method acceptable to the department **701H-1**			
			/	4.4.	Connections between septic tank and distribution box SDR 35 or better pipe with watertight joints on natural ground or compacted fill or appropriate bedding material.**701H-3**			
			/	4.5.	Access Riser: provided to ground surface for each distribution box. **701H**			

In = In compliance Out = Out of Compliance N//A = Non-applicable N/O = Not Observed

In	Out	N/A	N/O	5.	Conventional Disposal System 703 Soil Treatment Area	NMED LW Permit No.
E			/	5.1.	**Soil-** Soil Type below trench bottom verified, most restrictive layer; AR matches soil type on application; in place natural soil <30% gravel **Table 703.1,703E,703I**	
X			/	5.2.	**Soil-** Smeared Soils Not Present on Trench or Sidewalls, rake 1" deep; Soil not compacted in soil treatment area **701D**	
i			/	5.3.	**Setback-** Correct Clearance to Ground Water or Limiting layer **303B**	
S			/	5.4.	**Setback-** Disposal system meets all setback requirements including neighbor's wells, water courses, water bodies **Table 302.1**	
T			/	5.5.	**Trench-Pipe and Gravel:** trench length, width, depth of gravel below pipe, number of trenches & trench spacing matches application **701E,701K**	
I			/	5.6.	**Trench-Pipe and Gravel:** Aggregate ¾" to 2 ½", clean washed rock or crushed gravel **7A-4**	
N			/	5.7.	**Trench-Pipe and Gravel:** Correct Pipe; 2-hole 30° to 60° from invet,4" Minimum Diameter, End Caps, pipe level or 3"/100' **701C,701D,701J**	
G			/	5.8.	**Trench-Pipe and Gravel:** Pipe covered with 2" min aggregate and with Approved Material **701D**	
			/	5.9.	**Trench-Pipe and Gravel:** Pipe Covered with Geotextile Fabric instead of Aggregate **701D**	
			/	5.10.	**Trench- Chamber-** Type, number of units & spacing matches application; meets manufacturers specs **701E**	
			/	5.11.	**Trench-Synthetic Aggregate-** Type, number of units, configuration & spacing matches application; meets manufacturers specs **701E**	
			/	5.12.	**Trench- Other Approved Products-** Type, number of units, configuration & spacing matches application; meets manufacturer specs **701E**	
			/	5.13.	**Inspection Port-** Inspection Port(s), properly installed, capped, SDR35 or better **701F**	
			/	5.14.	**Stepped Systems:** watertight joints on undisturbed ground **701L**	
D	F	/		5.15.	**Soil Replacement-** Type 1b soil required; Replacement soil at least 48" deep below trench bottom **701M**	
		/		5.16.	**Soil Replacement-** Replacement soil at least 24" width around sides and ends of trench **701M**	
		/		5.17.	**Absorption Bed-** at least 6" aggregate below invert of distribution pipe; Up to additional 1 ft of aggregate allowed **701B**	
		/		5.18.	**Absorption Bed-** properly sized bed is 1.5 X AR for conventional trenches; calculate using total bottom and sidewall area below pipe **703K**	
		/		5.19.	**Seepage Pit-** Meets all material, sizing, and installation requirements in Section **702 and 703A,703L**	
		/	N	5.20.	**Seepage Pit-** 6" of Bentonite clay or approved material installed at bottom of pit **702K**	
		/		5.21.	**Modification 202D** (for tank modification only) Disposal field water tested (75-150 gal) REQUIRED	
In	Out	N/A	N/O	6.	**Advanced Treatment Systems and Alternative Disposal Systems (ATS/ADS)**	
		/		6.1.	For any system that include an ATS and/or an ADS, the ATS/ADS Inspection Form must be completed in addition to this inspection form	

NMED Inspector Comments and System As-Built Drawing *(not to scale)*

X ☑ **Installation Approved** ☐ **Corrective Action Response Required** ☐ **Installation Not Approved** (Notice of non-approval) ☐ **Re-Inspection required** (fee of $125, must be remitted before reinspection)

Conditions:

Installer Printed Name:	Installer's Signature:	Date:
X Mason Cole	X	6-24-26
NMED Inspector Printed Name:	**NMED Inspector's Signature:**	**Date:**
HELENE SICKLER		06/24/26

New Mexico Environment Department
Environmental Health Bureau

On-site Liquid Waste System

Permit to Operate

Owner Name: McWilliams Living Trust

Installer Name: ASTC, Inc.

System Location: 31 Second Mesa Dr, Placitas, NM 87043

System Type: Conventional

Permit Number: LW-0018489

The New Mexico Environment Department may cancel this permit for failure to meet any of the following: failure to complete the system within one year, for providing inaccurate or incomplete information, or failure to notify NMED to schedule an inspection within a minimum of 2 working days prior to inspection.

The authority to issue this permit was delegated from the Cabinet Secretary to the Bureau Chief on June 23, 2025

Date Issued: June 25, 2026

Date of Expiration:

Authorizing Official, NMED

Attachment D

L.W. PERMIT TRACKING FORM

PERMIT NO. LW00184489
SITE ADDRESS: 31 Second Mesa Dr
DATE REC'D 6/9/26

APPLICATION COMPLETE: Yes ☑ Date: 6/12/26 No ☐ Date: ____/____/____

Missing information: _____

Contractor/Homeowner: Astc/McWilliams Living Trust

Permit to Construct - Granted ☑ - Denied ☐ Date: 6/12/26

Contractor/Homeowner Notified: Date: JUN 15 2026

Permit Fee Rec'd - $ 225 .00 Date: JUN 18 2026

Inspection Appointment Set For - Date: 6/24/26 Time: _____AM PM

Inspection Conducted - Date: 6/24/26 Time: _____AM PM

Final Inspection - Passed ☐ Did Not Pass ☐

Permit to Operate - Granted ☐ - Denied ☐ Date: 6/24/26

Permit Issued: Date: 6/25/26

Comments : _____