APPLICATION FOR A

LIQUID WASTE PERMIT

NMED Permit Number: DE070108

NMED Inspection Required ___ No ___ Yes, Call _____ for Appointment Date NMED Received: 06/20/2007

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

WILLIAMS DEBRA

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

2785 ROCKHOUND RD SW | DEMING | NM | 88030

SYSTEM LOCATION: Street Address/ Location - give directions to site | County:

2785 ROCKHOUND RD SW | LUNA

SUBDIVISION | BLOCK | LOT | UNIFORM PROPERTY CODE

TOWNSHIP | RANGE | SECTION | QTR | QTR | QTR | LATITUDE | LONGITUDE

24S | 9W | 20 | SW/4 | SW/4 | | N32°19'76 | W107°29'86

INSTALLER'S NAME & FIRM: | PHONE:

BUSY BEE SEPTIC

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

160 A2 RD SW | DEMING | N.M. | 88030

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

67812

I. PERMIT APPLICATION (Instructions on back of pink copy)

A. Proposed Liquid Waste System is for: X New construction

___ Replacement of an existing system ___ Modification to an existing system

B. Manufactured Housing (mobile) X Yes ___ 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 3 no. of bedrooms _____ gpd

___ Multiple family units; ___ no. of units; ___ no. bedrooms per unit _____ gpd

___ Other (type)_____ Flow sizing units -0- _____ gpd

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

TOTAL WASTEWATER FLOW ON PROPERTY = 375 GPD

III. SITE INFORMATION

A. Lot Size: 11.02 Acres (nearest 0.01 acre) Date of Record: _____ (Plat Date or Subdivision Date)

B. Depth from Ground Surface to:

Seasonal High Water Table 125 feet

Bedrock, Caliche, Tight Clay >20 feet

Gravel, Cobbles, Highly permeable soil >20 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

X Sandy Loam; ___ Loam; ___ Silty Loam;

___ Clay Loam; ___ Clay;

___ Other; (describe)_____

Soil Percolation Rate: _____ min/inch (attach percolation test record)

D. Domestic Water Source: X On-site ___ Off-site;

X Private ___ Public ___ Shared

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

IV. SYSTEM DESIGN

A. Treatment Unit:

X Septic Tank Capacity 1200 Gallons

Manufacturer: KRAMER Certification No.: _____

___ Other (specify): _____

B. Disposal System: X Trench ___ Bed ___ Seepage Pit ___ Mound

___ Evapotraspiration ___ Other, specify: _____

Materials: X Pipe and gravel ___ Gravelless (specify) _____

C. Minimum required absorption area 750 square feet

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

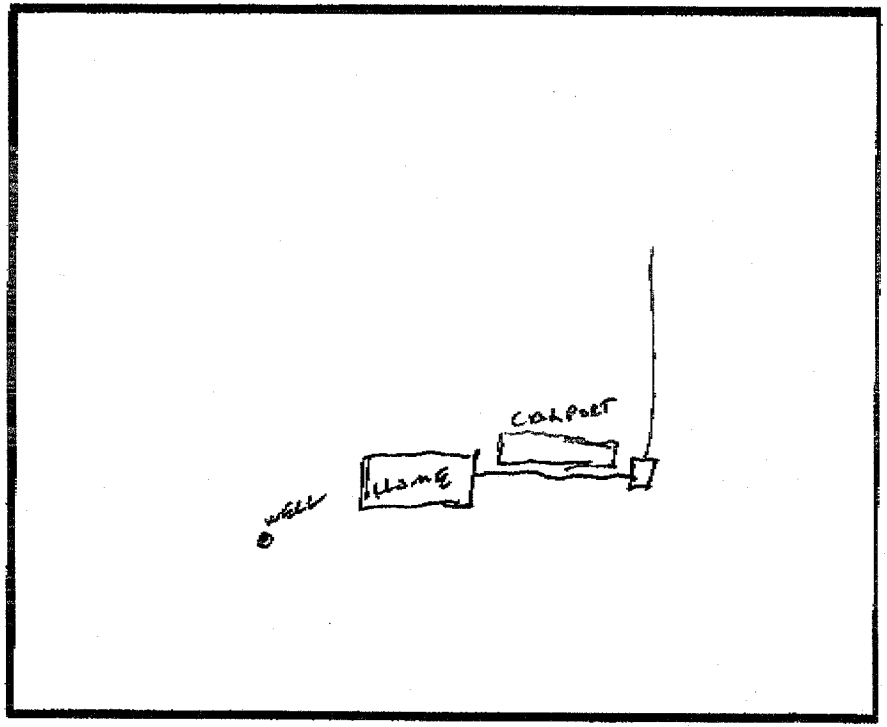
Total Trench or Bed length 108 ft Number of trenches: 1

Number of gravelless units -0-

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

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:
E 150' ft.	Property line	E 150' ft.
S 250 ft.	Property line	S 260' ft.
50' ft.	Buildings	40' ft.
5' ft.	Structures	5' ft.
100' ft.	Wells	100' ft.
ft.	Irrigation	ft.
N/A ft.	Arroyos	N/A ft.
ft.	Surface water	ft.



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.

Bill Lyon — **Signature**

JUNE 20/07 — **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:

C Chuck Lynch — **NMED Representative**

6/20 2007 — **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
Chuck Lynch	C. Lynch	6/20/2007

VIII. NMED FINAL APPROVAL:

The system described above ✓ was ____ was not inspected.

C Chuck Lynch — **NMED Representative**

6/20/2007 — **Date**