



APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION

APPROVED

Date NMED Received: 02/12/10

NMED Permit Number:

LWP-RU-10-0018

NMED Use Only: Call 258-3272 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 100.00

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

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

4000 Horizon Way, Ste 100 Irving, TX 75063

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

149 Saddle Back Rd 88312 Lincoln

SUBDIVISION Rancho Ruidoso Estates UNIT/PHASE BLOCK LOT/TRACT

UNIFORM PROPERTY CODE: 4074058155500 TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE ELEV

INSTALLER'S NAME & FIRM: PHONE: Face Ensor, Mountain Top Inc. 575-808-1232

MAILING ADDRESS: Street/PO Box City, State, Zip 110 Pat Thompson Ct Ruidoso NM 88345

CID License No./Class MM-1 MM-98 MS-1 X MS-3 Homeowner No.: 82031

PERMIT APPLICATION (instructions available on request) Application is for: New Permit Registration - existing unpermitted system

Modification of an existing system Existing Permit No.(if applicable): RU040072 for 4 bedroom ATS ownership transfer

WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd) A. Proposed liquid waste system use and design flow:

Single family residence 1 no. of bedrooms 150 gpd Multiple family units no. of units; no. bedrooms per unit 0 gpd

Seasonal residence Commercial/Institutional (type): Fixture units: 0 gpd

Other (type): 0 gpd B. Are there other sewerage sources on this property? X Yes No 450 gpd

TOTAL WASTEWATER FLOW ON PROPERTY - 600 gpd

SITE INFORMATION A. Lot Size: 5.054 Acres Date of Record: (Plat Date or Subdivision Date)

Ownership and lot size documentation attached: Warranty deed Property tax receipt Recorded survey Recorded plat X Other, specify: RU040072

B. Depth from Ground Surface to: Seasonal High Water Table 100 feet

Bedrock, Caliche, Tight Clay 50 feet

Gravel, Cobbles, Highly permeable soil NA 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

X Type III=2 sf/gal/day Type IV=5 sf/gal/day D. Domestic Water Source:

On-site Off-site Private Public Shared Irrigation well, or flood irrigated area on lot? Yes No

State Engineer Well Permit #: Name of Public Water System: Experimental System

IV. SYSTEM DESIGN A. Treatment Unit: X Septic tank Manufacturer: WICKROY Certification No: Secondary Tertiary Sand filter

ATS (Advanced Treatment System) Distinction Other (specify): Model: Voluntary ATS

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 No

C. Minimum required absorption area: AR 150 x Q 2 = 300 SQ FT (AR - Application Rate) (Q - Design Flow)

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

Total Trench or Bed Length = 70 ft. Length of Trenches = (1) 70 ; (2) ; (3) ; (4)

Number of Gravelless Units = 440 SQ FT Proposed Absorption Area of System = 5 ft.

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

1 of 2

NMED Permit Number: _____

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, walls, 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.

Signature: Marvin Gutierrez Date: 2-12-10
Owner: _____ Contractor: _____ Other, specify: _____

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 of the liquid waste disposal system described herein is hereby: Granted Denied

Permit Conditions or Reasons for Denial: System exposed. not approved for balconies only
4100 Fee For Installation since 2002.

NMED Representative: Chris R. Kelly Date: 2-16-10

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: _____

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

NMED Inspection History: Final NMED Representative: Eugene R. Kraybill Date: 02-16-10

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

Conditions of Approval: System was exposed and meets Regulations Permit issued
NMED Representative: Chris R. Kelly Date: 2-16-10

TAXME - 17

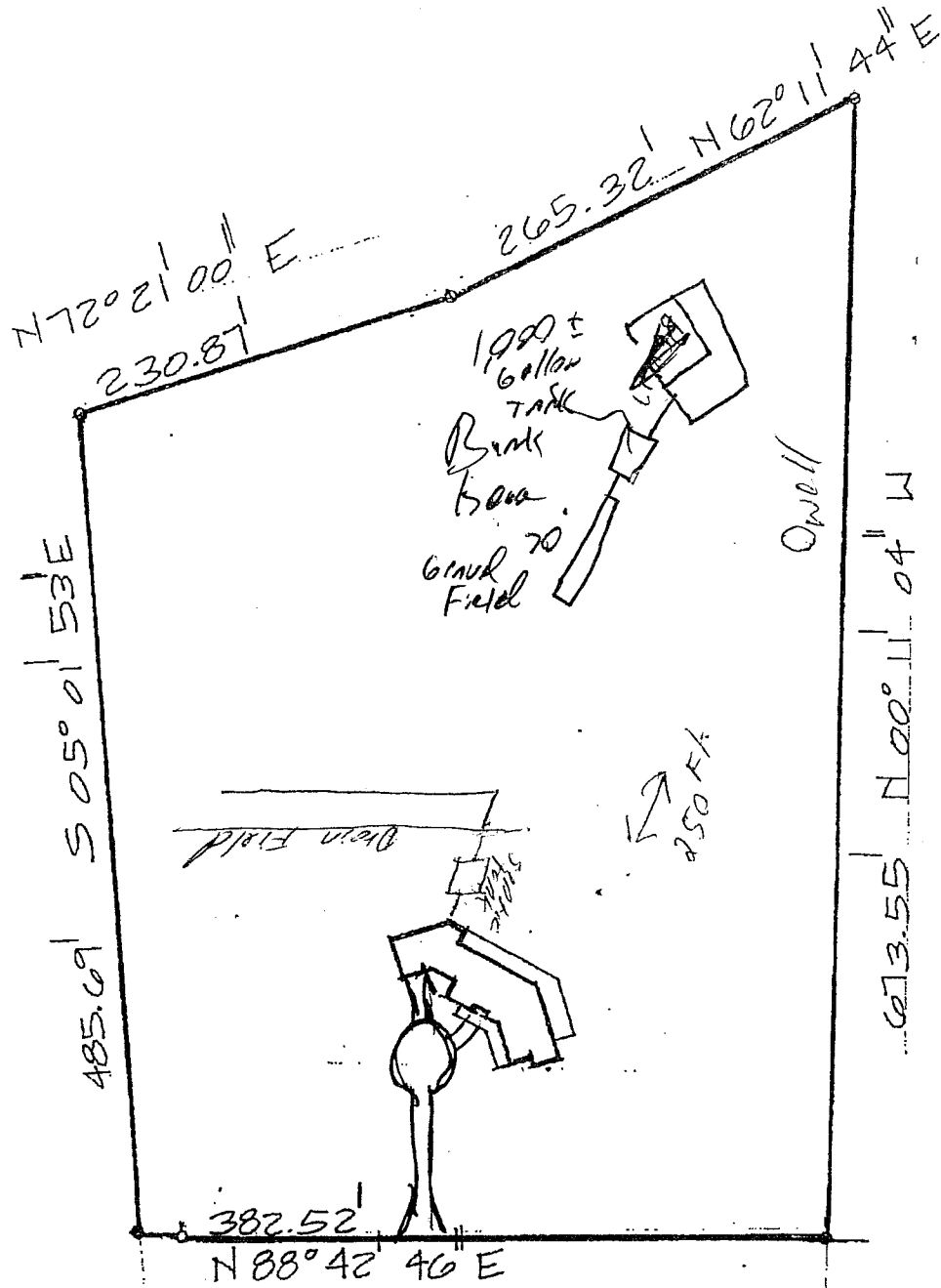
Tax Assessor Made Easy - Information Technology

Quick Print

Total Records: 1

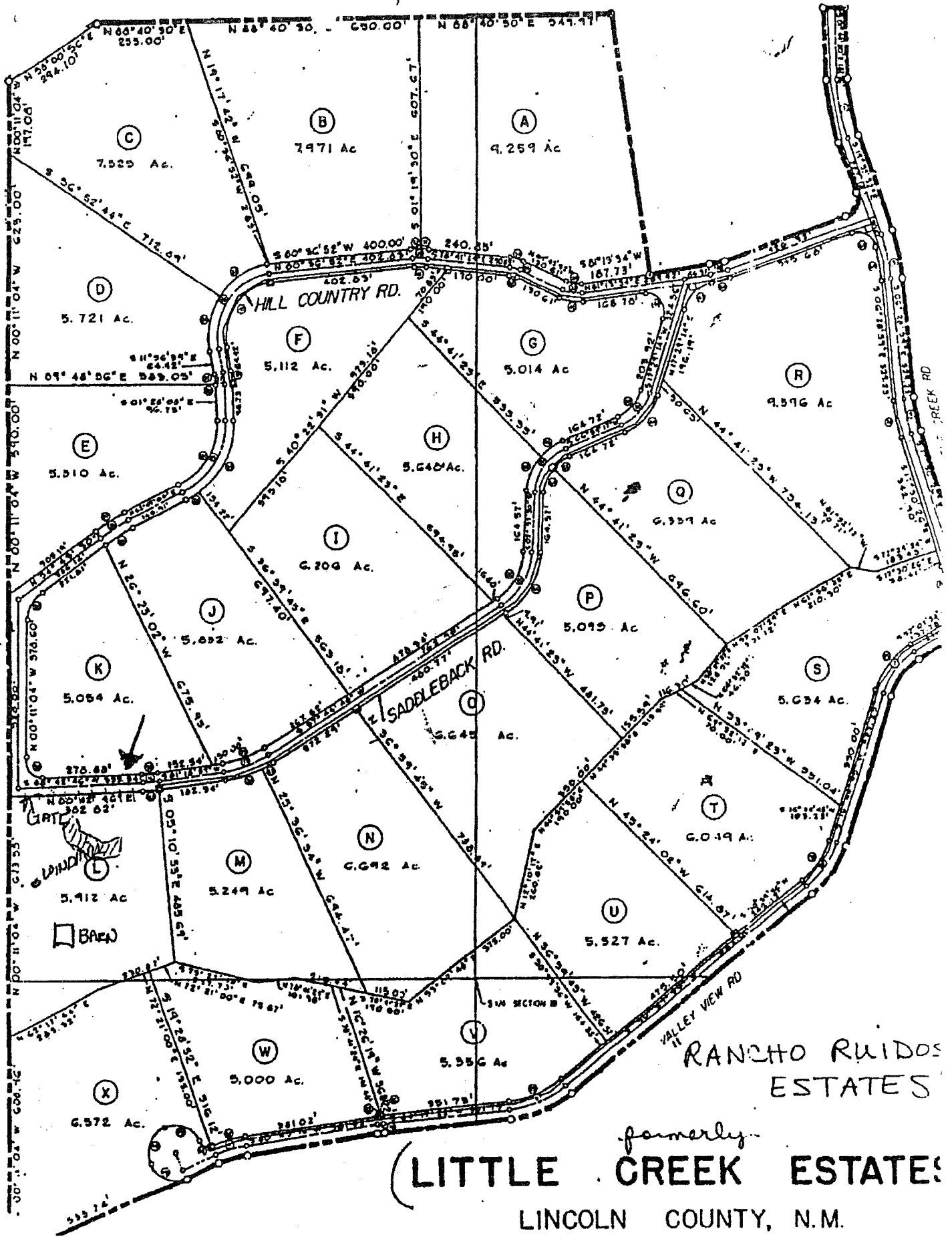
Show Map | Return

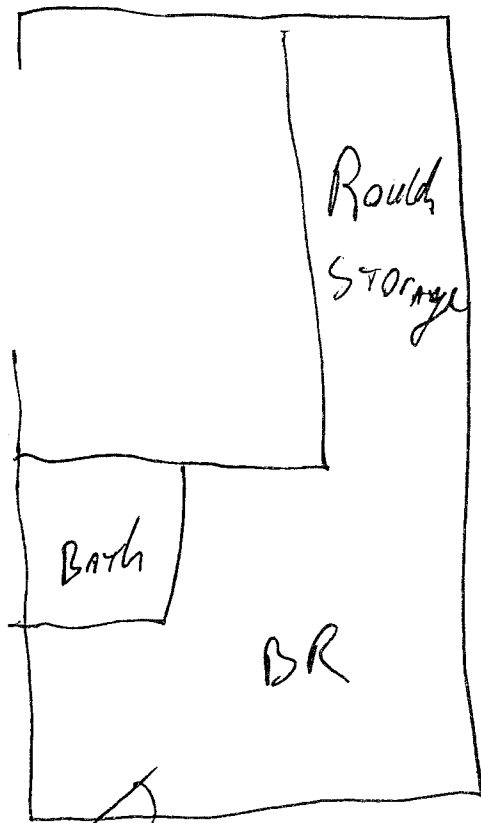
Owner's Name					
First Horizon Home Loans A. Div.					
Mailing Address			Mail City	Mail State	Mail Zip
4000 Horizon Way, Ste 100			Irving	TX	75063
Prop St #	Prop Street		Prop Zip	Lot	Block
149	Saddle Back Rd		88312		
Unit	Tract	Apartment		Building	Phase
	L				
Subdivision				Section	Township
Rancho Ruidoso Estates					
Range	Acre	Mapcode	Parcel ID	Year Built	Sold Date
	0	4074058155500	366335	1987	06.25.2009
Deedbook	Deedpage	Tax Amount		Tax Due	Tax Paid
2009	4670	\$2,917.80		\$2,917.80	N
Main Floor	Second	Third	Downstairs	Total Sq. Ft.	
280	0	0	0	280	
Description					
TRACT L PER PLAT FILED IN TUBE NO. 618.					
Description 2					
Description 3					



SCALE 1" = 100'

LOT - L
RANCHO RUIDOSA ESTATES
 FORMERLY
 (LITTLE CREEK ESTATES)





Saddleback

As seen by
Jack Kensor
2/16/2010

EVALUATION INFORMATION (To be completed by NMED Inspector):

ONSITE WASTEWATER SYSTEM

Installed: Prior to February 1, 2002 _____ On or after February 1, 2002

Note: If the system was installed on, or after, February 1, 2002, the system must be adequately exposed by the owner, inspected by NMED and determined to meet all requirements of 20.7.3 NMAC. If installed before February 1, 2002, it is the owner's responsibility to provide documentation that verifies the installation date.

System Type: Conventional , Alternative (list type): _____

_____ Holding tank Design wastewater flow (GPD): 150

Tank or ATS location: Latitude 33.41958 Longitude 105.161967 Elevation 6922

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to top) 2 feet; Tank size, in gallons: 1000

Tank material concrete Tank manufacturer (if known) UNKNOWN Date UNKNOWN
NOT MARKED

SEPTIC TANK EVALUATION PROCEDURE:

Are there risers with covers at the ground surface? ___ Yes No; If at grade, are covers secure? ___ Yes ___ No

(If system was constructed on or after February 1, 2002, Liquid Waste Regulations require risers to the ground surface with secure covers to be installed by a properly licensed contractor.)

Structural integrity of tank: Good ___ Fair ___ Poor ___ Unable to determine. NEVER enter a tank unless proper confined space entry procedures are followed.

Effluent filter installed: ___ Yes No (Filter required if system installed on or after February 1, 2002)

Check water level in tank, sludge and scum level, inlet and outlet tee(s), baffle wall.

Comments: Unused for 1 1/2 years Tank 4" lower (evaporation)
install inlet Tee

Check approximate tank and disposal field setback distances to watercourse(s), well(s), waterline(s), structure(s), etc., note any deviation from current setback requirements.

Comments

Well 144' From back Field
33.41991 105.4 3000 elev 6435

ADVANCED TREATMENT SYSTEM:

Manufacturer _____ Model _____ Functioning? ___ Yes ___ No

Maintenance Provider _____

Maintenance Contract Expiration date _____ Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports and copy of Maintenance Contract.

DISPOSAL SYSTEM:

Trench(es) Bed _____ Seepage pit(s) _____ Gravelless, Specify _____ Dosing _____
 Drip _____ ET Bed _____ Split flow _____ Other _____ Dbox required _____ Dbox installed _____
 Drainfield area square feet _____ Number of trenches 1 Width of trench(es) 3
 Length of trench(es) 10 Depth of gravel below pipe 2 Depth of trench(es) 5
 Does disposal system meet requirements of current Liquid Waste Regulations? Yes _____ No _____ N/A
 Does system include a pump? _____ Pump Type _____ Does pump function? _____
 Additional information _____
 Graywater System: No _____ Yes _____ Subsurface Discharge (describe) _____

Properly installed? _____ Permitted? _____
 Functioning? _____ Disinfection? _____

DISPOSAL SYSTEM EVALUATION:

OK _____ NO; Problems: _____

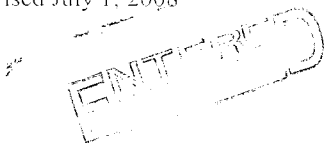
Is there:

Any indication of a previous failure? _____ Yes No _____ Unknown
 Seepage visible on the lawn? _____ Yes No _____ Unknown
 Lush vegetation present? _____ Yes No _____ Unknown
 Ponding water in the aggregate? _____ Yes No _____ Unknown
 Even distribution of effluent in the fields? _____ Yes _____ No Unknown
 Any indication of runback from field? _____ Yes No _____ Unknown

CHECKLIST SUMMARY:

- 1) Treatment Tank or ATS is in Acceptable condition _____ Unacceptable condition.
 Comments: _____
- 2) Absorption system is in Acceptable condition _____ Unacceptable condition.
 Comments: _____
- 3) Pump and pump tank is in _____ Acceptable condition _____ Unacceptable condition.
 Comments: _____

Revised July 1, 2008



Check one

Overall liquid waste system is: acceptable needs partial replacement needs total replacement

20.7.3 NMAC sections violated _____

Portion(s) of system requiring replacement Permit issued

\$100.00 fine for installation of new 2002

If the liquid waste system is found to be in satisfactory condition, or needs only repairs, and meets the Liquid Waste Disposal Regulations in effect at the time of installation or latest modification, and the appropriate fee and penalty, if applicable, are paid, a Certificate of Registration for continued operation may be issued by NMED. If partial or total replacement or modification is needed, a Modification Permit may be issued by NMED if the appropriate fee and penalty, if applicable, are paid.

NMED Inspector Name Eugene R Knight

(Print)

Field Office Ruidoso

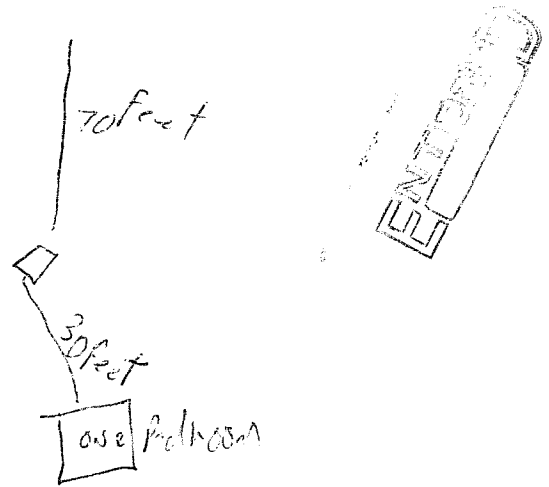
Signature Eugene R Knight Date 02-16-10

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 future operation of the septic system, NMED disclaims any warranty of continued operation, either expressed or implied, arising from the evaluation of the wastewater system in this report.

↑
N

main house

Orwell



Revised July 1, 2008



**State of New Mexico
ENVIRONMENT DEPARTMENT
Field Operations Division**



**BILL
RICHARDSON
GOVERNOR**

RUIDOSO Field Office 1216
E. MECHEM, SUITE 2
RUIDOSO, NM 88345
Telephone: (505) 258-3272
Fax: (505) 258-4891

**Ron Curry
SECRETARY**

Date Application Received: 02-12-10
LWP-RU-10-0018

Owner Information: First horizon home loans a. div
4000 HORIZON WAY STE 100
IRVING TX 75063

149 SADDLEBACK RD
ALTO NM 88312

Subdivision: RANCHO RUIDOSO ESTATES
UNIT 000
Block: 000
Lot 00L

Township: Range: Section:

Fee Calculation:

FEE AMOUNT

Five for installation after 2002.

Five
Permit Type = ~~REG~~ 100.00
Variance Requested: \$100.00
Reinspection Done: \$0
Total Due: \$100.00

Payment Information:

Date Received	Name On Check	Check Number	Received By	Amount Paid
	MOUNTAIN TOP, INC. 110 PAT THOMPSON CT. RUIDOSO, NM 88345 WWW.MOUNTAINTOPRUIDOSO.COM (575) 258-9203		CITY BANK NEW MEXICO 1096 MECHEM DR., STE. 103 RUIDOSO, NM 88345	1628 95-686-1122 2/12/2010
	PAY TO THE ORDER OF NMED Liquid Waste Fund			\$**100.00
	One Hundred and 00/100			DOLLARS
	NMED			

PAY TO THE ORDER OF

NMED Liquid Waste Fund

\$**100.00

One Hundred and 00/100

DOLLARS

NMED

Check Fraud
Protection for Business

MEMO

Armit - Tracy Wsae
Registration 149 Saddle Back
Five

Nanci Swanner

⑈001628⑈ ⑆112206860⑆ 80217263⑈



**BILL
RICHARDSON
GOVERNOR**

**State of New Mexico
ENVIRONMENT DEPARTMENT
Field Operations Division**

RUIDOSO Field Office 1216
E. MECHEM, SUITE 2
RUIDOSO, NM 88345
Telephone: (505) 258-3272
Fax: (505) 258-4891



**Ron Curry
SECRETARY**

Date Application Received: 02-16-10
LWP-RU-10-00189

Owner Information: FIRST HORIZON HOME LOANS A. DIV.
4000 HORIZON WAY STE 100
IRVING TX 75063

149 SADDLEBACK
ALTO NM 88312

Subdivision: RANCHO RUIDOSO ESTATES
UNIT 000
Block: 000
Lot 00L

Township: Range: Section:

Fee Calculation:

FEE AMOUNT

Permit Type =MOD 50.00
Variance Requested: \$50.00
Reinspection Done: \$0

Total Due: \$50.00

Payment Information:

Date Received	Name On Check	Check Number	Received By	Amount Paid
02-16-10	MOUNTAIN TOP			50.00

MOUNTAIN TOP, INC.
110 PAT THOMPSON CT.
RUIDOSO, NM 88345
WWW.MOUNTAINTOPRUIDOSO.COM
(575) 258-9203

CITY BANK NEW MEXICO
1096 MECHEM DR., STE. 103
RUIDOSO, NM 88345

1633
95-686-1122

2/16/2010

PAY TO THE ORDER OF **NMED Liquid Waste Fund**

\$50.00**

Fifty and 00/100***** DOLLARS

NMED

MP-25 State Check Fraud Prevention for Business

MEMO
149 Saddle Back fine fee

Nance Swanner

⑈001633⑈ ⑆112206860⑆ 80217263⑈