



APPLICATION FOR A LIQUID WASTE PERMIT

NMED Permit Number: Permit Approved for Bedrooms Date NMED Received:

NMED Inspection Required No Yes, Call for Appointment

SYSTEM OWNER'S NAME: Last, First, MI Home Phone: Business Phone: MAILING ADDRESS: Street/PO Box, City State Zip Code SYSTEM LOCATION: Street Address/Location - give directions to site County: SUBDIVISION BLOCK LOT UNIFORM PROPERTY CODE TOWNSHIP RANGE SECTION QTR QTR QTR LATITUDE LONGITUDE INSTALLER'S NAME & FIRM: PHONE: MAILING ADDRESS: Street/PO Box City State Zip Code CID License No./Certification MM-1 MM-98 MS-1 MS-3 Homeowner

B. Depth from Ground Surface to: Seasonal High Water Table feet Bedrock, Caliche, Tight Clay feet Gravel, Cobbles, Highly permeable soil 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; Silty Loam; Clay Loam; Clay; Other; (describe) D. Domestic Water Source: On-site Off-site; Private Public Shared State Engineer Well Permit # Name of Public Water System Irrigation Well or Flood Irrigated Area on the lot. Yes No

I. PERMIT APPLICATION

A. Proposed Liquid Waste System is for: New Construction Replacement of an existing system Modification to an existing system B. Manufactured Housing (mobile) Yes No C. Proposed System is: 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: Single family residence with no. of bedrooms gpd Multiple family units; no. of units; no. bedrooms per unit gpd Other (type) Flow sizing units gpd B. Are there other sewage sources on this property? Yes No gpd TOTAL WASTEWATER FLOW ON PROPERTY - gpd

III. SITE INFORMATION

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

IV. SYSTEM DESIGN

A. Treatment Unit Septic Tank Capacity Gallons Manufacturer: Certification No: Other (specify): B. Disposal System: Trench Bed Seepage Pit Mound Evapotranspiration Other, Specify: Materials Pipe and Gravel Gravelless (specify) C. Minimum required absorption area square feet Trench or Bed width ft. Gravel depth below distribution pipe ft. Total Trench or Bed length ft. Number of trenches: Number of gravelless units D. Depth from ground surface to bottom of absorption area ft.