



Conventional - New Conventional - Modification Registration ATS/ADS - New ATS/ADS Modification Commercial

Section I General Information										NMED USE ONLY	Liquid Waste Processing Number:									
Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):											Field Office ID:		Application Date:							
Facility Name (if different than name above):					Phone:															
System Location: Physical Address, - (if needed, attach directions)											Mailing Address:									
City:			State:		Zip Code:			City:			State:		Zip Code:							
Permittee E-mail address:																				
Uniform Property Code:				Date of Record:		Lot Size (0.01 acres):		Total No. LW Systems on Property:		Total Design Flow on Property:										
Subdivision:				Subdivision Plat Date:		Unit/Phase:	Block	Lot/Tract	Township	Range	Section									
Water Supply Source:	Water Supply Type:	No. Connections:		OSE Well Permit No.		Private Water Well Location (long., lat. or physical address, city, state):														
<input type="checkbox"/> Private	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Shared	Public Water System Name and Number:		Irrigation well - flood irrigation area on lot? <input type="checkbox"/> YES NO <input type="checkbox"/>		Enter all LW permit nos. for lot:		Will a Petition for Variance be submitted concurrently with this Application? <input type="checkbox"/> YES NO <input type="checkbox"/>												
Section 2 Installer Information																				
Installer Name:				Phone:		Installer Company Name:				<input type="checkbox"/> Corp., Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LP, LLP, GP										
Mailing Address (street / PO Box, City, State, Zip):																				
CID License Classification: <input type="checkbox"/> MM-1 <input type="checkbox"/> MM-98 <input type="checkbox"/> MS-1 <input type="checkbox"/> MS-3 <input type="checkbox"/> Homeowner						CID License No.:														
Correspondence Preference (For invoices, permits, official correspondence): <input type="checkbox"/> Mail <input type="checkbox"/> E-mail								E-mail address:												
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.																				
<input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Rep. <input type="checkbox"/> Home Owner		Printed Name :				Signature :				Date Signed:										
NMED USE ONLY	NMED PERMIT TO CONSTRUCT																			
	<input type="checkbox"/> Granted			<input type="checkbox"/> Granted with Conditions			<input type="checkbox"/> Denied			<input type="checkbox"/> Cancelled										
	Conditions or Reasons for Cancellation or Denial:								NMED Permit to Construct No:											
NMED Inspector Name Printed:						NMED Inspector Signature:				Date:										
NMED USE ONLY	NMED LIQUID WASTE FEES																			
	<input type="checkbox"/> Conventional-New \$100		<input type="checkbox"/> Conventional Modification \$50		<input type="checkbox"/> Registration \$100		<input type="checkbox"/> ATS/ADS - New \$150		<input type="checkbox"/> ATS/ADS Modification \$75		<input type="checkbox"/> Commercial \$150		<input type="checkbox"/> Variance \$50							
	Total Fee Paid		Date Paid		Payment Received By															
NMED USE ONLY	FINAL INSPECTION OF LW SYSTEM																			
	<input type="checkbox"/> Final Inspection Conducted by NMED		Final Inspection Date:		NMED Inspector Name Printed:															
	<input type="checkbox"/> Contractor photo inspection authorized:		Photo inspection date::		Date photos and Completed Form Received by NMED:															
NMED USE ONLY	NMED PERMIT TO OPERATE																			
	A permit for operation of the Liquid Waste system described herein is hereby:								<input type="checkbox"/> Granted		<input type="checkbox"/> Denied		<input type="checkbox"/> Cancelled							
	Reasons for Cancellation or Denial:								NMED Permit to Operate No.:											
	NMED Inspector Name Printed:						NMED Inspector Signature:				Date:									



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:

Treatment & Disposal System Design

Section 1 Design Flow, Hydrology, and Soil Description

A. Wastewater Sources & Design Flow Calculations			B. Hydrology Data		C. Soil Description:	
Facility	Units (enter number)	(Q) Flow, calculated: gpd	Depth from ground surface to:	Feet	Type	AR
<input type="checkbox"/> Single Family Residence	Bedrooms:	Total flow:	Seasonal High Water table		<input type="checkbox"/> Type Ia: Coarse Sand (or up to 30% gravel)	1.25
<input type="checkbox"/> Multiple Family Units	No. Units:	Calculation Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Bedrock, caliche, tight clay		<input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand	2.0
<input type="checkbox"/> Commercial / Institution (type):	Method of Design Flow Calculation: <input type="checkbox"/> Table 201.1 <input type="checkbox"/> PE (Calc. Sheet) <input type="checkbox"/> Water Meter Data Attached		Gravel, cobbles, highly permeable soil		<input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam	2.0
<input type="checkbox"/> Other:					<input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
<input type="checkbox"/> Cluster	No. of Units:	Total flow:	Test Hole / Soil Borings Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay	5.0
<input type="checkbox"/> Other (type):			Soil Classification Methodology used: <input type="checkbox"/> Jar Test			
Total Flow for this LW System: Q			<input type="checkbox"/> Laboratory: <input type="checkbox"/> Hand Sampling <input type="checkbox"/> Sieve			

Section 2. Treatment Unit and Pump Design:

1	Primary Treatment Unit <input type="checkbox"/> Septic Tank(s)	No. Septic Tank(s)	Manufacturer:	Series / Model / Certification No.:	Capacity (gallons)	Burial Depth:
	2	<input type="checkbox"/> Pump Tank	Manufacturer:	Series / Model:	Capacity (gallons)	Burial Depth:
<input type="checkbox"/> Pump <input type="checkbox"/> Dual Pump		Manufacturer:	Series / Model:	Pump Curve Atch'd: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Effluent Pump: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
3	<input type="checkbox"/> Secondary	<input type="checkbox"/> Standard <input type="checkbox"/> Conditional <input type="checkbox"/> Experimental	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:	Series / Model:	Capacity (gallons) Burial Depth:
	<input type="checkbox"/> Tertiary <input type="checkbox"/> Disinfection	<input type="checkbox"/> UV <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:	Series / Model:	Notes:

Section 3 Disposal System Design, Components and Calculations

A. Minimum Required absorption area, calculated (Multiply Design Flow (Q) times Application Rate (AR):			Q	X	AR	=	Min. Sq. Ft. Required:		
B. Design Components:		<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Tee	<input type="checkbox"/> Drop Box	<input type="checkbox"/> Alternating Drainfield Valve	<input type="checkbox"/> Other:			
CONVENTIONAL DISPOSAL	<input type="checkbox"/> Pipe & Gravel	Trench Width:	Depth Gravel Below Pipe:	Total Linear Feet:	No. of Trenches:	Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
	<input type="checkbox"/> Chamber <input type="checkbox"/> Synthetic Agg. <input type="checkbox"/> Other:	Mfr. Model No & Sizing Credit (s/ft, or unit):		Total Linear Feet:	No. of Units:	Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
	<input type="checkbox"/> Seepage Pit <input type="checkbox"/> Absorption Bed	Dimensions (L x W):		Depth below invert:	Proposed Sq. Ft.:	Trench Depth:	Notes:		

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 System	Discharging	<input type="checkbox"/> Wisconsin Mound	<input type="checkbox"/> Elevated System	<input type="checkbox"/> Unlined ET Bed	<input type="checkbox"/> Effluent Irrigation Re-use	<input type="checkbox"/> Sand-Lined Trench Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Bottomless Sand Filters Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> LPD	<input type="checkbox"/> LPP	<input type="checkbox"/> Graywater	<input type="checkbox"/> Drip Irrigation			
	<input type="checkbox"/> Split Flow (complete holding tank section & septic tank & conventional disposal section)				<input type="checkbox"/> Wetland	<input type="checkbox"/> Other (description):		
	Non-Discharging	<input type="checkbox"/> Holding Tank	No. of Tank(s)	Manufacturer:	NM Certification No.:	Capacity:	Burial Depth:	High Water Alarm at 80%? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Lined ET Bed Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		Liner Material & Thickness (mils):		Dimensions (L x W) & sq. ft.:	<input type="checkbox"/> Lined Lagoon	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:	
<input type="checkbox"/> Vault		<input type="checkbox"/> Privy (outhouse)		<input type="checkbox"/> Other (description):				

Setbacks / Site Plan & Attachments (check those that apply)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	1. Does proposed system meet all setbacks required per Table 302.1?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	2. Site plan attached which shows all structures, LW systems, and wells / waters within 200' with all setbacks clearly shown?
	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?
	Supporting Documents Included: <input type="checkbox"/> Survey <input type="checkbox"/> Plat <input type="checkbox"/> Floorplan <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Tax Bill <input type="checkbox"/> Other:	