

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



Date NMED Received: _____

NMED Processing Number: _____

NMED Use Only: Call _____ to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: _____ Permit Approved for (circle one): 1 2 3 4 5 6 Bedrooms <u> </u> Multiple dwellings <u> </u> Other:	
--	--

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

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

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

SUBDIVISION	UNIT/PHASE	BLOCK	LOT/TRACT
--------------------	-------------------	--------------	------------------

UNIFORM PROPERTY CODE: _____

TOWNSHIP	RANGE	SECTION	QTR	QTR	QTR	LATITUDE	LONGITUDE	ELEV
-----------------	--------------	----------------	------------	------------	------------	-----------------	------------------	-------------

INSTALLER'S NAME & FIRM: _____ **PHONE:** _____

MAILING ADDRESS: Street/PO Box City State Zip Code

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

I. PERMIT APPLICATION (instructions available on request)

Application is for: New Permit Registration - existing unpermitted system
 Modification of an existing system ATS ownership transfer
 Existing Permit No.(if applicable): _____

II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)

A. Proposed liquid waste system use and design flow:

 Single family residence no. of bedrooms _____ gpd
 Multiple family units no. of units; no. bedrooms per unit _____ gpd
 Seasonal residence
 Commercial/Institutional (type): _____ gpd
 Other (type): _____ Fixture 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: _____
 (nearest 0.01 acre) (Plat Date or Subdivision Date)
 Ownership and lot size documentation attached: Warranty deed Property tax receipt
 Recorded survey Recorded plat Other, specify: _____

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:
 USDA Soil Class Methodology & Verification Submitted? Yes No
 Type Ia=1.25 sf/gal/day Type Ib=2 sf/gal/day Type II= 2 sf/gal/day
 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: _____

IV. SYSTEM DESIGN Experimental System

A. Treatment Unit:
 Septic tank Manufacturer: _____ Capacity: _____
 Certification No: _____
 ATS (Advanced Treatment System) Secondary Tertiary Sand filter
 Disinfection Other (specify): _____
 Manufacturer: _____ Model: _____
 Voluntary ATS

B. Disposal System: 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: Pipe & Gravel Gravelless (type): _____
 Distribution box: Yes No

C. Minimum required absorption area:
 AR _____ x Q _____ = _____ SQ FT
 (AR - Application Rate) (Q - Design Flow)
 Trench or Bed width = _____ ft.
 Gravel depth below pipe = _____ ft.
 Total Trench or Bed Length = _____
 Length of Trenches = (1) _____; (2) _____; (3) _____; (4) _____
 Number of Gravelless Units = _____
 Proposed Absorption Area of System = _____ SQFT

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

NMED Processing 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, wells, 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.

Print Name _____

Signature Date

___ Owner ___ Owner's Authorized Representative ___ Owner's Authorized Representative and Contractor

NMED USE ONLY

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 ONLY of the liquid waste disposal system described herein is hereby:

___ Granted ___ Granted subject to conditions ___ Denied NMED Permit to Construct No. _____

Permit Conditions or Reasons for Denial: _____

NMED Representative 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 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 NMED Representative Date

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

___ Granted ___ Granted subject to conditions ___ Denied NMED Permit to Operate No. _____

Conditions of Approval: _____

NMED Representative Date