

**APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION**



Date NMED Received: \_\_\_\_\_

NMED Processing Number: \_\_\_\_\_

<b>NMED Use Only:</b>	
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	Multiple dwellings 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

**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.

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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

**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**

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**

Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
NMED Representative Date