



State of New Mexico Environment Department  
Environmental Health Bureau  
**Liquid Waste Program**



# Septage Pumper Registration Application Form

Name of Applicant (Last, First)		Name of Company	
Mailing Address		Company Mailing Address	
City, State	Zip	City, State,	Zip
Phone Number		Company Contact Name and Phone Number:	
Email Address		Company Email Address	

**Physical Address where vacuum trucks are stored:**

<p><b>Have you completed the NAWT Vacuum Truck Technician Training Certification Program or a comparable program?</b></p> <p>You must demonstrate familiarity with the applicable regulations and demonstrate competence in locating and exposing septic tanks, measuring septic sludge and scum levels, the complete pumping of septic tank sludge, maintenance of pumping equipment in a sanitary condition and prevention of pathogen transmission and preparation of an appropriate safety plan for normal operations. NMED considers completion of the National Association of Wastewater Technicians (NAWT) Vacuum Truck Technician Training (VTT) Certification Program as demonstrating competence for these requirements.</p> <p><i>For classroom training dates or online training call 1-800-236-6298 or go to <a href="http://www.nawt.org">http://www.nawt.org</a></i></p>	<p>YES NO</p>
---	---------------

Do you understand that you must maintain your equipment to ensure no sewage spill occurs during transport or storage and that your employees or the public are not subject to a hazard to public health?	YES NO
Do you have a written contingency plan for spill abatement and shall have the equipment and supplies needed to abate spills onsite during each pumping operation?	YES NO
Do you understand that there must be a Certified Septage Pumper on-site any time that a septic tank is pumped and anytime septage is transported and disposed of?	YES NO

**List all the facilities that you use for the septage disposal. Upon request you may be asked to provide copies of any permits or licenses issued by the owner of the disposal facility to the septage**

**Septage Disposal Facilities that I use** (list name of facility, address, location, and contact name and phone #):


By signing below, I acknowledge that I have read the Liquid Waste Disposal and Treatment Regulations and I understand the sections of the regulations that pertain to working as a septage pumper.

Septage Pumper Name Printed	Septage Pumper Signature	Date
-----------------------------	--------------------------	------

Please Complete this Application and attach your NAWT Vacuum Truck Technician Training Certification and Send to : Michael Broussard, EHB Liquid Waste Specialist, 2540 Camino Edward Ortiz, Santa Fe, NM 87505; Fax 505-827-1839 For more information please contact Michael Broussard at [Michael.Broussard@state.nm.us](mailto:Michael.Broussard@state.nm.us) or 505-476-9125

Once you are registered with NMED your name will be added to the Approved Septage Pumper list on the Liquid Waste Program's website

**Please note that the certificate of registration belongs ONLY to the trained applicant as approved and registered. It does not belong to the company. The company name is associated with our records for administrative purposes. A trained and registered individual must be at the site of any pumping activity as well as on the truck during transport and disposal.**