Section 1 Homeowner Information

<table>
<thead>
<tr>
<th>Name (Property Legal owner(s)):</th>
<th>Liquid Waste Processing Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address(es):</td>
<td>Field Office ID:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Application Date:</td>
</tr>
<tr>
<td>Existing System Permit Number(s):</td>
<td></td>
</tr>
</tbody>
</table>

System Location: Physical Address, - (if needed, attach directions) Mailing Address (Invoices, permits, official correspondence):

City: State: Zip Code: City: State: Zip Code:

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: No. Connections: Private Water Well Location (long., lat. or physical address, city, state):

☐ Onsite ☐ Offsite ☐ Storage ☐ Public ☐ Shared

Public Water System Name:

 Irrigation well, flood irrigation area on lot?

☐ YES ☐ NO

Enter all LW permit nos. for lot:

Will a petition for variance be submitted with this application?

☐ YES ☐ NO

Section 2 Homeowner Qualification Requirements

<table>
<thead>
<tr>
<th>Request for Homeowner Qualification Certificate Phone:</th>
<th>Request Training Material in language (circle one):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>English / Spanish / Other:</td>
</tr>
</tbody>
</table>

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 qualification 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.

Homeowner Printed Name: Homeowner Signature: Date Signed:

N MED Homeowner Qualification Exam

Exam administered by; name printed: Title: Exam Date: ☐ Pass ☐ Fail

Exam scored by; name printed: Title: Score: ☐ Pass ☐ Fail

Homeowner is Qualified to install LW SYSTEM (with indicated components)

☐ Pipe & Gravel ☐ Synthetic Aggregate ☐ Chamber ☐ Seepage Pit ☐ Absorption Bed ☐ Elevated Disposal Field

N MED LIQUID WASTE Permit FEES

☐ Homeowner Qualification Certificate $170 ☐ Conventional-1000gpd $225 ☐ 1001-2000gpd $325 ☐ 2001-5000gpd $425 ☐ Variance small system $100

Total Fee Paid Date Paid Payment Received By

NMED Official Name Printed: NMED Official Signature: Date:

Homeowner Qualification Status

☐ Cancelled ☐ Denied ☐ Expired

Homeowner notification, date, wa, provide comments:

N MED Official Name Printed: NMED Official Signature: Date:

Form LW 904A 200701
A. Wastewater Sources & Design Flow Calculations

1. Discharging
   - Number of Source(s): __________
   - Total Flow: __________

2. Non-Discharging
   - Number of Source(s): __________
   - Total Flow: __________

3. Source Flow Calculations
   - Total Flow for this LW System: __________

B. Hydrology Data (depth to limiting layers)

1. Hydrology Data
   - Depth from ground surface to: __________
   - Type: __________

2. Hydrology Data (depth to limiting layers)
   - Depth from ground surface to: __________
   - Type: __________

C. Soil Description:

1. Soil Classification Methodology used:
   - Laboratory: __________
   - Other (test method): __________

2. Soil Description
   - Soil Type: __________
   - Test Hole / Soil Borings Used: __________

3. Soil Description
   - Soil Type: __________
   - Test Hole / Soil Borings Used: __________

4. Soil Description
   - Soil Type: __________
   - Test Hole / Soil Borings Used: __________

5. Soil Description
   - Soil Type: __________
   - Test Hole / Soil Borings Used: __________

Section 2. Treatment Unit and Pump Design:

A. Primary Treatment Unit
   - No. Septic Tank(s): __________
   - Manufacturer: __________
   - Series / Model / Certification No.: __________
   - Capacity (gallons): __________
   - Cover Depth: __________

   - Tank Bedding (circle one): __________
   - Undisturbed Soil: __________
   - Compact Soil: __________
   - Pea Gravel: __________
   - Sand: __________
   - Undisturbed Soil with no lift: __________
   - 0 - 12’ compaction: __________
   - 12’ or compaction (circle appl): __________

B. Pump
   - Manufacturer: __________
   - Series / Model: __________
   - Capacity (gallons): __________
   - Cover Depth: __________

   - Pump Curve Attchd: __________
   - Effluent Pump: __________

   - All Tank Burial Instructions Attached: __________
   - Applicant has read and understands proper burial instructions & will adhere to: __________

Section 3 Disposal System Design, Components and Calculations

A. Minimum Required absorption area, calculated
   - Q = __________
   - X = __________
   - AR = __________
   - Min. Sq. Ft. Required: __________
   - Existing Sq. Ft. utilized: __________
   - Proposed Sq. Ft.: __________
   - Total Disposal Area Sq. Ft.: __________

B. Design Components
   - Distribution Box: __________
   - Tee: __________
   - Drop Box: __________
   - Alternating Drainfield Valve: __________
   - Other: __________

   - Trench Width: __________
   - Depth Graveled Below Pipe: __________
   - Total Linear Feet: __________
   - No. of Trenches: __________
   - Max Trench Depth: __________
   - Length, each trench: __________
   - Trench Spacing (ft): __________
   - Proposed Sq. Ft.: __________

   - Chamber No & Sizing Credit (if, or unit): __________
   - Total Linear Feet: __________
   - No. of Units: __________
   - Max Trench Depth: __________
   - Length, each trench: __________
   - Trench Spacing (ft): __________
   - Proposed Sq. Ft.: __________

   - Seepage Pit: __________
   - Absorption Bed: __________
   - Elevated System: __________

   - Dimensions (L x W): __________
   - Depth below invert: __________
   - Proposed Sq. Ft.: __________
   - Max Trench Depth: __________

   - Holding Tank: __________

   - No. of Tank(s): __________
   - Manufacturer: __________
   - NM Certification No.: __________
   - Capacity: __________
   - Cover Depth: __________
   - High Water Alarm at 80%?: __________

   - Other (description): __________
   - Privy (outhouse): __________
   - Split Flow: (complete holding tank section & septic tank & conventional disposal section): __________

Section 4 Setbacks, Site Plan & Attachments

1. Does proposed system meet all setbacks required per Table 302.17? __________
2. Site plan attached which shows all structures, LW systems, and wells / waters within 200’, with all setbacks clearly shown? __________

Supporting Documents Included:
- Survey OF
- Plat
- Asperplan
- Warranty Deed OF
- Tax Bill
- Other: __________

1. NMED Liquid Waste program web pages: Home Page, Approved Products, and Qualified Home Owner
2. Video: Homeowner Installation Study Guide (English) - Old but still useful
3. Video: Guía para el Dueño de Casa: Cómo Instalar un Tanque Séptico y Campo de Desagüe (Spanish Version) - Old but still useful (í Spanish Translation)
4. Office of the State Engineer Interactive Well Location Map
5. County Property Information: Bernalillo, Catron, Cibola, Colfax, Curry, De Baca, Dona Ana, Eddy, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, Socorro, Sandoval, Santa Fe, Sierra, Taos, Torrance, Union, Valencia