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

Third Party Evaluator Application Form LW 904B2f

You must submit this completed application along with all required documentation listed on the bottom of this page for your application to be deemed "complete."

NOTE: This application is required for any third party evaluators who does not meet the qualification requirements under Section 904(B)(2)(a) through (e), and who are seeking qualification under Section 904(B)(2)(f) of the New Mexico Liquid Waste Disposal and Treatment Regulations 20.7.3 NMAC.

If you are a CID licensed contractor with an MM-1 MM-98 MS-1 or MS-3 license you do not need to submit an application. If you

		CID licensea contractor with an Mi REHS, accredited by NSF or a NEH						иоти ап	аррисано	n. 1j you	
	of Applic			Email Address							
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Name o	of Comp	any		Phone Number							
Mailing	Addres	rs .		City, State, Zip							
Professional Experience											
1. Do you have at least 3 years of professional experience inspecting and evaluating onsite liquid waste systems in New Mexico? (<i>Must provide evidence of experience, signed and dated evaluations</i>)								ı	YES	NO	
2. Are you currently certified by the National Association of Wastewater Technicians (NAWT) as an onsite system (spetic, liquid waste) Inspector?								m	YES	NO	
3. What date does your Current NAWT Inspector certification expire?								N.	NAWT Expiration Date:		
4. How long have you been certified by the National Association of Wastewater Technicians (NAWT) as an inspector?									Years of experience:		
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 Third Party Evaluator. By signing below, I agree that the foregoing information is true and correct.											
I understand that I cannot make repairs to any system or its components, install risers, baffles, tees, lids, clean-outs, or do any other work which is beyond the scope of work which requires a CID license. I understand that if I should perform any of this work without the appropriate											
CID license, this Third Party Evaluator certification will be revoked by NMED and a letter will be sent to NAWT seeking their revocation as											
well. I understand that I cannot perform evaluations on advanced treatment systems or unpermitted systems. I also understand that it is my											
responsibility to submit my NAWT renewal certifications to NMED prior to the expiration of my certification.											
Third Party Evaluator Name Printed Third Party Evaluator Signature								Date			
NME	D LIQ	UID WASTE QUALIFICATION	CERTIFICATE FEE			☐ Third Party Eva	valuator Qualification Certificate \$50				
Total F	ee Paid	Check number:	Date	Paid		Payment Received B					
Third Party Evaluator Application Submittal Requirements											
Applications missing the below listed items will be denied and returned without action.											
YES	Circle Yes or No as applicable NO Third Party Evaluator Application Form- Completed and signed										
YES	NO	Copy of NAWT Inspector Certification – must be current and valid									
YES	NO	Professional Experience – attach a letter which describes your professional experience; this should include how many years you have been inspecting and evaluating on-site liquid waste systems in New Mexico.									
		Attach copies of 3 Property Transfer Evaluations/Inspections that you have completed. Submit one evaluation form for each of									
YES	NO	the three years that you have been conducting these evaluations/inspections in 2013 and prior years. These evaluations								spection	
		forms must have your signature on them as the evaluator/inspector.									
Please send your complete application to: Michael Broussard, EHB Liquid Waste Program, 2540 Camino Edward Ortiz, Santa Fe, NM 87507; Fax 505-827-1839 For more information please contact Michael Broussard at <u>michael.broussard@state.nm.us</u> or 505-476-9125											
Third		Evaluator Qualification Application		☐ Approved	□ Denied			□ Incomplete			
Applicant notification, date, via, provide comments:											
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Approved Date:			Certificate Number:				Qualification Expiration Date:				
NME	D Offic	cial Name Printed:	NMED Official Signature:			Date:					