



GENERAL INFORMATION *(To be completed by Owner or Owner's Representative)*

CURRENT OWNER INFORMATION	Name:		e-mail:		Street Address:		
	Phone:		Cell phone:		City, State, Zip:		
PROPERTY INFORMATION	Uniform Property Code: <small>(13 digit, #-###-###-###-###)</small>			Lot Size: <i>(to 0.01 Acres)</i>		Site Address:	
	Township:	Range:	Section:	Subdivision:		Lot(s):	Tract(s) Block/Unit:
INITIAL INSTALLATION DATE OF SYSTEM	You must Choose One of the Following or This Application will be "INCOMPLETE" →				When was your system initially installed? <i>(you must circle one)</i>		
	Date of system initial installation:				Attached verification of this date: YES NO		Verification document type description:
LOT SIZE & DESIGN FLOW LOADING	Lot size less than 0.75 acres or design flow loading greater than 500 gpd/acre? <i>(circle one)</i> YES NO			If "Yes" you must submit Verification of Date of Initial Installation when you submit your application for registration or permit. If you do not submit this information, your application will be considered "INCOMPLETE" and may be denied.			
	Current Number of Bedrooms in Residence: 1 2 3 4 5 6 Other: N/A			How many bedrooms were present when the <u>initial system</u> was installed? 1 2 3 4 5 6 Other:		Commercial/Non-Residential Uses? <i>If Yes, Describe</i> YES NO	
BEDROOMS or DESIGN FLOW	Water Source <i>(Circle One)</i> Private Well Public Water Shared Well			Well on property? YES NO		Well Permit #:	
	NOTE: If well water is your drinking water source AND your lot size does not meet the minimum lot size requirements at the time of initial installation, you will need to have your well tested for nitrate and submit the results as part of your application.						
OTHER SOURCES OF WASTEWATER	Any other sources of wastewater on this property? YES NO			If YES, What Permit Numbers?		Describe Other Sources <i>(type and design flow):</i>	
	Have modifications or repairs been made since the initial installation? YES NO			Date of modification:		Describe modifications:	
<p align="center">NMED CHARGES A FEE OF \$250 FOR THE DEPARTMENT TO CONDUCT ANY UNPERMITTED SYSTEM INSPECTION THE DEPARTMENT MAKES NO ASSURACNE THAT THE SYSTEM WILL BE ACCEPTABLE OR MEET REQUIREMENTS ANY SYSTEM THAT AN OWNER CANNOT PROVIDE A VALID PERMIT NUMBER FOR OR THE DEPARTMENT CANNOT LOCATE A PERMIT ON FILE WILL BE CONSIDERED AN UNPERMITTED SYSTEM</p> <p align="center">NOTICE TO OWNER OR OWNER's AUTHORIZED REPRESENTATIVE: Inspection reports shall <u>not</u> be construed as a warranty that the system will function properly because of numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system.</p> <p align="center">Your signature below attests that you have read and understand the statements above the detailed information provided is correct and true to the best of your knowledge.</p>							
Owner or Representative Name Title:			Representative e-mail:			Representative Phone:	
Representative Name Printed:			Signature:			Date:	
WHO WILL BE EVALUATING THIS SYTEM?	NOTE: Systems installed prior to 2/1/02, must be evaluated by an Installer Specialist or an NMED Inspector. Systems installed on or after 2/1/02, must be evaluated by an NMED Inspector. If applicant fails to declare a date of installation, NMED shall conduct the inspection and assign an installation date corresponding to the effective date of the most current regulation.					<i>(Circle One)</i> NMED Inspector Installer Specialist	
	NMED ONLY LIQUID WASTE FEE (\$250)	Fee Paid:	Date Paid:		Payment Received By		
INSTALLER SPECIALIST INFORMATION	Name Installer Specialist:			Name Licensed Company:			Phone:
	Are you currently certified by NMED as an Installer Specialist? YES NO <i>(If NO, you cannot conduct inspection)</i>			Date of Certification:		Expiration Date:	

Applicant must attach a pemrit application to register the system.



GENERAL INFORMATION

CURRENT OWNER & SITE INFORMATION	Owner Name:		Mailing Address:		
			City, State, Zip:		
	e-mail:		Phone:		Cell phone:
	Date of Record:	Date of Installation:	System Location Address:		

UNPERMITTED LIQUID WASTE SYSTEM INSPECTION

LW Permit No.

To be completed by Installer Specialist or NMED Inspector

SEPTAGE PUMPER INFORMATION

Phone:

Approval Date:

SEPTAGE PUMPER INFO	Name of Company:	Name Septage Pumper:	Qualified Septage Pumper:
			YES NO

Unpermitted Septic Tank

LOCATION	Latitude (DD.ddddd°):	Longitude (DDD.ddddd°):	Elevation (Feet):
SIZE & MATERIALS	Size (gallons): 1000 1200 1500 Other:	Material: Concrete Plastic Fiberglass Other Note:	Manufacturer of Tank:
	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved):	Covers Secure? YES NO	Describe: (58#, screw, twist, hasp):
			Year Tank Manufactured: (as marked on tank)

VISIBLE DESCRIPTORS
(Circle All that Apply)

Structural Cracking Excessive Deterioration Rust Streaks Exposed Aggregate Exposed Rebar/Wire
Tank/Manhole Deformed
Notes:

PIPES	Inlet Sewer line, size, material, rating	Inlet pipe slope:	Outlet line, size, material, rating	Outlet pipe slope:
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RISERS	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade)	Covers Secure? YES NO	Describe Secure: (58#, screw, twist, hasp)	Riser, watertight attached to tank? YES NO
	Effluent Filter (2005) Handle (2013) w/in 6" cover YES NO Not Required	Number of Risers on tank: 0 1 2	Riser Internal Diameter: Measured: _____"	Material: (describe)

FUNCTIONALITY	Gallons pumped from tank:	Tank Water Level at Outlet (Circle One) Above Invert At Invert Below Invert	Tank Level? (Circle One) YES NO
	Inlet Tee or Baffle (Circle One) OK NOT OK	Outlet Tee or Baffle (Circle One) OK NOT OK	Baffle Wall (Circle One) OK NOT OK

SEPTIC TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Verify N/A Distance: (feet)	Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Verify N/A Distance: (feet)	Setbacks to Public Water Well (100 ft) Met Not Met Unable to Verify N/A Distance: (feet)
	Setbacks: (State Waters, Arroyos, Ditches) Met Not Met Unable to Verify N/A	To Property Lines, Structures, Waterlines Met Not Met Unable to Verify N/A	Setbacks to Disposal System Met Not Met Unable to Verify N/A

HOLDING TANK	High Level Alarm Set at 80% and working properly? YES NO N/A	Alarm set water depth: (inches)	Water tightness Test: Pass Fail	Pumping Records Available? YES NO N/A
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Comments, Note any Problems, or Concerns:

LIQUID WASTE UNPERMITTED SYSTEM INSPECTION							LW Permit No.
<i>To be completed by Installer Specialist or NMED Inspector</i>							
Owner Name:			System Location:				
Unpermitted Disposal System							
TYPE OF DISPOSAL SYSTEM <i>Circle ALL that apply</i>	Conventional	Trench Seepage Pit	Pipe and Gravel Absorption Bed	Chambers Elevated System with Lift Station	Synthetic Aggregate	Other UNABLE TO VERIFY	
	Dimensions, slope, spacing (req'd newer systems):						
Alternative/Other	Elevated System with Pressure-Dosing Low-pressure Dosed Vault		Wisconsin Mound Bottomless Sand Filter	ET Bed Sand-lined Trench	Gray Water System	Drip System Soil-Replacement UNABLE TO VERIFY	
	Dimensions, slope, spacing (req'd newer systems):						
INSPECTION METHODS & OBSERVATIONS	Did you Probe Disposal Field Area?		Approximately how many Gallons of water added for Water Test?		Method used to determine gallons added. <i>(Bucket measurement, water meter, assumed gpm, show calculation)</i>		
	YES	NO	Gallons Added: _____				
	Any Indication of Previous Failure?		Seepage Visible on Lawn?		Lush Vegetation Present?		
YES	NO	YES	NO	YES	NO	Soil Type: (required for newer systems) <input type="checkbox"/> Type Ia: Coarse Sand <i>(or up to 30% gravel)</i> <input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand <input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam <input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam <input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay	
How did you determine soil type? <i>(please describe)</i>							
DISPOSAL SYSTEM SETBACKS	Setbacks to On-site Water Well (100 ft)		Setbacks to Neighbor's Well (100 ft)		Setbacks to Public Water Well (200 ft)		
	Met	Not Met	Unable to Verify	N/A	Met	Not Met	
Distance: _____ Feet		Distance: _____ Feet		Distance: _____ Feet			
Setbacks: State Waters, Arroyos, Ditches			To Property Lines, Structures, Waterlines		Setbacks to Septic Tank		
Met	Not Met	Unable to Verify	N/A	Met	Not Met	Unable to Verify	
CLEARANCE							
Does System appear to meet the minimum clearance requirements to limiting layers? <i>(groundwater, bedrock, clay, etc)</i>							
Met Not Met Unable to Verify							
FUNCTIONALITY							
Does the Disposal System Appear to be Functioning Properly?				YES	NO		
Comments, Note any Problems, or Concerns:							
SKETCH DISPOSAL SYSTEM PLAN VIEW AND PROFILE VIEW							
							

LIQUID WASTE UNPERMITTED SYSTEM INSPECTION							LW Permit No.																
<i>To be completed by Installer Specialist or NMED Inspector</i>																							
Owner Name:				System Location:																			
Unpermitted Pump Tanks & Alarm Systems []Not Applicable <small>check here if not applicable</small>																							
LOCATION		Latitude (DD.dddd°):		Longitude (DDD.dddd°):		Elevation (Feet):																	
SIZE and MATERIALS	Size (gallons): 1000 1200 1500 Other:			Material: Concrete Plastic Fiberglass Other		Manufacturer of Tank:																	
	Tank Cover Depth (Top of Tank to grade) (3' max unless otherwise approved)		Covers Secure? YES NO	Describe: (58#, screw, twist, hasp)		Year Tank Manufactured (as marked on tank):																	
	Does tank appear to be watertight? YES NO			Tank Level? (Circle One) YES NO		Tank Water Level (as measured):	Gallons pumped:																
	VISIBLE DESCRIPTORS (Circle All that Apply) <table style="width:100%; border: none;"> <tr> <td style="border: none;">Structural Cracking</td> <td style="border: none;">Excessive Deterioration</td> <td style="border: none;">Rust Streaks</td> <td style="border: none;">Exposed Aggregate</td> <td style="border: none;">Exposed Rebar/Wire</td> <td style="border: none;">Tank/Manhole</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td colspan="8" style="border: none;">Notes:</td> </tr> </table>								Structural Cracking	Excessive Deterioration	Rust Streaks	Exposed Aggregate	Exposed Rebar/Wire	Tank/Manhole			Notes:						
Structural Cracking	Excessive Deterioration	Rust Streaks	Exposed Aggregate	Exposed Rebar/Wire	Tank/Manhole																		
Notes:																							
ACCESS RISERS & PUMP	Access Risers - Inlet & Outlet? (Req'd 1997 1 ft. grade, 2005 to grade)		Covers Secure? YES NO	Describe Secure: (58#, screw, twist, hasp)		Riser, watertight attached to tank? YES NO																	
	Material: (describe)		Riser Internal Diameter: (24", 30") Measured: " "	Type of Pump: Single Dual Alternating		Is pump operating properly? YES NO																	
	High Level Alarm Works? YES NO		Floats secure YES NO	Alarm and Pump on Separate circuits? YES NO		Alarm / Breaker Amps:	Pump / Breaker Amps:	Main Breaker Amps:															
TANK SETBACKS	Setbacks to On-site Water Well (50 ft) Met Not Met Unable to Verify N/A			Setbacks to Neighbor's Well (50 ft) Met Not Met Unable to Verify N/A		Setbacks to Public Water Well (100 ft) Met Not Met Unable to Verify N/A																	
	Distance: (feet)			Distance: (feet)		Distance: (feet)																	
	Setbacks: (State Waters, Arroyos, Ditches) Met Not Met Unable to Verify N/A			To Property Lines, Structures, Waterlines Met Not Met Unable to Verify N/A		Setbacks to Disposal System Met Not Met Unable to Verify N/A																	
Comments, Note any Problems, or Concerns:																							
Unpermitted Advanced Treatment Systems can only be evaluated by a Qualified Maintenance Service Provider.							Are you a Qualified MSP? YES NO																
TYPE OF ATS	Name of Manufacturer:			Model/Capacity:		What Level of Treatment: Secondary Tertiary Disinfection																	
FUNCTIONALITY	Aerator is working properly? YES NO	System appears to have been properly maintained? YES NO		Name of person maintaining this system?																			
MAINTENANCE	Is there an active Maintenance & Monitoring Contract currently in effect? YES NO		Has a Maintenance & Monitoring event occurred within last 180 days? YES NO DON'T KNOW		Are Results of Maintenance & Monitoring Report Attached? YES NO																		
MONITORING RESULTS (for secondary units enter BOD/TSS values)	Model approval level TN:	Max TN calculated for lot size:	Latest TN:	Previous TN	Unit meets performance requirement: YES NO																		
Note any problems, concerns or comments:																							

LIQUID WASTE UNPERMITTED SYSTEM INSPECTION

LW Permit No.

To be completed by Installer Specialist or NMED Inspector

Owner Name:

System Location:

Draw a Simple Sketch of the System (Location of House, Property Lines, System Components and Location of On-site and Neighboring Wells. Also include Setback distance from House to Septic Tank. For systems which were installed on or after 2/1/02 you must also include the soil type & disposal field material, sizing & spacing on this sketch)



LIQUID WASTE UNPERMITTED SYSTEM INSPECTION		LW Permit No.		
<i>To be completed by Installer Specialist or NMED Inspector</i>				
Owner Name:		System Location:		
UNPERMITTED On-Site Liquid Waste System Inspection Summary		Circle One		
SEPTIC TANK	1. Is the septic tank watertight and functioning properly?	YES	NO ¹	N/A
	2. Is the capacity of the tank within one tank size of the capacity required in Subsection Q of 20.7.3.201?	YES	NO ²	
DISPOSAL SYSTEM	3. Does the disposal system appear to be functioning properly?	YES	NO ²	N/A
SETBACKS and CLEARANCES	4. Does the system appear to meet all setback and clearance requirements based upon a non-intrusive inspection (for older systems) or a Full inspection (for newer systems)	YES	NO ⁴	
LOT SIZE REQUIREMENTS	5. Does the system installed on this property meet the lot size requirement in effect at the time of the initial installation?	YES	NO ²	
PUBLIC HEALTH and SAFETY	6. Does this system constitute a public health or safety hazard? Includes surfacing sewage, degradation of a water body or drinking water well, presence of an open cesspool or septic tank or exposure of septage in a manner that allows transmission of disease	YES ³	NO	
FOR SYSTEMS INSTALLED ON or AFTER 2/1/02	7. After adequate exposure and full inspection of the tank and disposal field does the system meet all the regulatory requirements at the time of installation?	YES	NO ⁴	N/A
NOTES	1. Item must be repaired or replaced. Any replacement requires a modification permit. 3. Property owner must file a modification within 10 days to establish corrective actions.	2. Modification permit required 4. Modification permit may be		
Comments/Recommendations:				
Describe any Modifications or Repairs that are required <u>and</u> any that were completed:				
The evaluating company and/or individual evaluator disclaims any warranty, either expressed or implied, arising from the evaluation of the wastewater system or this report. <i>Installer Specialists must include a photo clearly showing that the entire top of the septic tank and the inlet and outlet pipes within two feet of the tank were fully exposed for this inspection; and must also include photos of any portion of system that is not in compliance with Section 401J as noted above. Return completed form with all required documents to the local Environment Department Field Office. This form is valid for 180 days after the date of the signature of the inspector.</i>				
The information contained in this report is correct and true to the best of my knowledge.				
INSPECTION COMPLETED BY: <i>(circle one)</i>		INSTALLER SPECIALIST	NMED INSPECTOR	
INSTALLER SPECIALIST INFORMATION	Name of Installer Specialist Evaluating LW System:		Name of Licensed Company:	
	Are you currently certified by NMED as an Installer Specialist? YES NO <i>(If NO, you cannot conduct inspection)</i>		Date of Certification:	Expiration Date:
Printed Name:		Signature:		Date: