



Conventional-New Conventional Modification Registration ATS/ADS - New ATS/ADS Modification Commercial Amendment

Section 1 General Information												
Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):								Liquid Waste Processing Number:				
								Field Office ID:		Application Date:		
Facility Name:				Phone:		E-mail address(es):						
System Location: Physical Address, County - (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:	OSE Well Permit No.			Private or Shared Water Well Location (long., lat. or physical address, city, state):							
<input type="checkbox"/> Onsite	<input type="checkbox"/> Private	<input type="checkbox"/> Offsite	<input type="checkbox"/> Shared	<input type="checkbox"/> Public	Public Water System Name:		Irrigation well, flood irrigation area on lot?	Enter all LW permit nos. for lot:				
							<input type="checkbox"/> YES	NO	<input type="checkbox"/>			
Section 2 Installer Information												
No person shall construct, install or modify an onsite liquid waste system unless that person holds a valid and appropriate classification of contractor's license issued by New Mexico CID.												
Installer Name:			Phone:		Installer Company Name:			<input type="checkbox"/> Corp., Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LP, LLP, GP				
Mailing Address (street / PO Box, City, State, Zip):					E-mail address:							
CID License Classification:					CID License No.:							
<input type="checkbox"/> MM-1	<input type="checkbox"/> MM-98	<input type="checkbox"/> MS-1	<input type="checkbox"/> MS-3	<input type="checkbox"/> Homeowner								
I am a licensed contractor by the State of New Mexico Regulation Licensing Department, Construction Industries Division (CID). I will either personally install the work myself or authorize my employee(s), _____ (named here) to provide the services and labor for this permit application under my direct supervision.												
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 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.												
<input type="checkbox"/> CID Licensed Contractor		Printed Name:			Signature:			Date Signed:				
<input type="checkbox"/> Qualified Homeowner												
<input type="checkbox"/> Authorized Rep (Registrations Only)												
N M E D U S E O N L Y N M E D U S E O N L Y	NMED PERMIT TO CONSTRUCT				NMED PERMIT TO CONSTRUCT NO:							
	A permit for construction of the Liquid Waste system described herein is hereby: <input type="checkbox"/> Granted <input type="checkbox"/> Granted with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled											
	Conditions, Reasons for Cancellation or Denial:											
	NMED Inspector Name Printed:					NMED Inspector Signature:			Date:			
	NMED LIQUID WASTE FEES											
	<input type="checkbox"/> Conventional-New \$100		<input type="checkbox"/> Conventional Modification \$50		<input type="checkbox"/> Registration \$100		<input type="checkbox"/> ATS/ADS - New \$150		<input type="checkbox"/> ATS/ADS Modification \$75		<input type="checkbox"/> Commercial \$150	<input type="checkbox"/> Variance \$50
	Total Fee Paid				Date Paid				Payment Received By			
	FINAL INSPECTION OF LW SYSTEM											
	<input type="checkbox"/> Final Inspection Conducted by NMED		Final Inspection Date:		NMED Inspector Name Printed:							
	<input type="checkbox"/> Contractor photo inspection authorized:		Photo inspection date:		Date photos and Completed Form Received by NMED:							
NMED PERMIT TO OPERATE				NMED PERMIT TO OPERATE NO:								
A permit for operation of the Liquid Waste system described herein is hereby: <input type="checkbox"/> Granted <input type="checkbox"/> Granted with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled												
Conditions, Reasons for Cancellation or Denial:												
NMED Inspector Name Printed:					NMED Inspector Signature:			Date:				



If your lot has more than one LW system, you must fill out a separate application for each system. The site plan drawing must show all liquid waste systems located on your lot. Existing permitted systems must be identified with their LW Permit #. New, modified or unpermitted systems must be clearly labelled on the site plan. NMED agents are not authorized to amend or complete any portion of this application.						Liquid Waste Processing Number:							
Treatment & Disposal System Design													
Section 1 Design Flow, Hydrology, and Soil Description													
A. Wastewater Sources & Design Flow Calculations				B. Hydrology Data		C. Soil Description:							
Facility		Units (enter number)	(Q) Flow, calculated: gpd	Depth from ground surface to:		Feet	Type	AR					
<input type="checkbox"/> Single Family Residence		Bedrooms:	Total flow:	Seasonal High Water table			<input type="checkbox"/> Type Ia: Coarse Sand (or up to 30% gravel)	1.25					
<input type="checkbox"/> Multiple Family Units		No. Units:	Calculation Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Bedrock, caliche, tight clay			<input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand	2.0					
<input type="checkbox"/> Commercial / Institution (type):		Method of Design Flow Calculation: <input type="checkbox"/> Table 201.1 <input type="checkbox"/> PE (Calc. Sheet) <input type="checkbox"/> Water Meter Data Attached		Gravel, cobbles, highly permeable soil			<input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam	2.0					
<input type="checkbox"/> Other:							<input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0					
<input type="checkbox"/> Cluster		No. of Units:		Test Hole / Soil Borings Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>									
<input type="checkbox"/> Other (type):				Soil Classification Methodology used: <input type="checkbox"/> Jar Test									
Total Flow for this LW System: Q					<input type="checkbox"/> Laboratory: <input type="checkbox"/> Hand Sampling <input type="checkbox"/> Sieve		<input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay		5.0				
Section 2. Treatment Unit and Pump Design:													
1	Primary Treatment Unit	No. Septic Tank(s)	Manufacturer:		Series / Model / Certification No.:		Capacity (gallons)	Burial Depth:					
	<input type="checkbox"/> Septic Tank(s)												
2	PUMP	<input type="checkbox"/> Pump Tank		Manufacturer:		Series / Model:		Capacity (gallons)	Burial Depth:				
		<input type="checkbox"/> Pump <input type="checkbox"/> Dual Pump		Manufacturer:		Series / Model:		Pump Curve Atchd: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Effluent Pump: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
3	ATS	<input type="checkbox"/> Secondary	<input type="checkbox"/> Standard <input type="checkbox"/> Conditional <input type="checkbox"/> Experimental	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:		Series / Model:		Capacity (gallons)	Burial Depth:			
		<input type="checkbox"/> Tertiary											
		<input type="checkbox"/> Disinfection	<input type="checkbox"/> UV <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:		Series / Model:		Notes:				
Section 3 Disposal System Design, Components and Calculations													
A. Minimum Required absorption area, calculated (Multiply Design Flow (Q) times Application Rate (AR):				Q	X	AR	=	Min. Sq. Ft. Required:					
B. Design Components:		<input type="checkbox"/> Distribution Box		<input type="checkbox"/> Tee		<input type="checkbox"/> Drop Box		<input type="checkbox"/> Alternating Drainfield Valve		<input type="checkbox"/> Other:			
CONVENTIONAL DISPOSAL	<input type="checkbox"/> Pipe & Gravel		Trench Width:	Depth Gravel Below Pipe:	Total Linear Feet:	No. of Trenches:	Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:			
	<input type="checkbox"/> Chamber <input type="checkbox"/> Synthetic Agg. <input type="checkbox"/> Other:		Mfr. Model No & Sizing Credit (s/ft, or unit):			Total Linear Feet:	No. of Units:	Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:		
	<input type="checkbox"/> Seepage Pit <input type="checkbox"/> Absorption Bed		Dimensions (L x W):			Depth below invert:	Proposed Sq. Ft.:	Trench Depth:	Notes:				
Section 4 Alternative Disposal System (ADS) Design, Components and Calculations													
For all ADS's - calculation sheets & site plan drawings (plan view with cross section views) must be submitted with this permit application.													
Alternative Disposal System	Discharging	<input type="checkbox"/> Wisconsin Mound		<input type="checkbox"/> Elevated System		<input type="checkbox"/> Unlined ET Bed		<input type="checkbox"/> Effluent Irrigation Re-use		<input type="checkbox"/> Sand-Lined Trench Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Bottomless Sand Filters Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
		<input type="checkbox"/> LPD		<input type="checkbox"/> LPP		<input type="checkbox"/> Graywater		<input type="checkbox"/> Drip Irrigation					
		<input type="checkbox"/> Split Flow (complete holding tank section & septic tank & conventional disposal section)						<input type="checkbox"/> Wetland		<input type="checkbox"/> Other (description):			
	<input type="checkbox"/> Holding Tank		No. of Tank(s)	Manufacturer:		NM Certification No.:		Capacity:		Burial Depth:		High Water Alarm at 80%? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Non-Discharging	<input type="checkbox"/> Lined ET Bed Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		Liner Material & Thickness (mils):		Dimensions (L x W) & sq. ft.:		<input type="checkbox"/> Lined Lagoon		Liner Material & Thickness (mils):		Dimensions (L x W) & sq. ft.:	
<input type="checkbox"/> Vault		<input type="checkbox"/> Privy (outhouse)		<input type="checkbox"/> Other (description):									
Setbacks / Site Plan & Attachments (check those that apply)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1. Does proposed system meet all setbacks required per Table 302.1?											
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Site plan attached which shows all structures, LW systems, and wells / waters within 200' with all setbacks clearly shown?											
		<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?											
		Supporting Documents Included: <input type="checkbox"/> Survey <input type="checkbox"/> Plat <input type="checkbox"/> Floorplan <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Tax Bill <input type="checkbox"/> Other:											

Table 302.1 Minimum setback and clearance requirements

From:	To:	Building Sewer	Treatment Unit*	Disposal Field	Seepage Pit
Property lines		clear	5 ft.	5 ft.	8 ft.
Building or structure		2 ft.	5 ft.	8 ft.	8 ft.
Distribution box		--	--	5 ft.	5 ft.
Disposal field		--	10 ft.****	4 ft****	10 ft.
Seepage pit		--	10 ft.	10 ft.	12 ft.
Drinking water line*****					
- private		1 ft.	10 ft.	10 ft.	10 ft.
- public		10 ft.	10 ft.	10 ft.	10 ft.
Drinking water source/well					
- private		50 ft.	50 ft.	100 ft.	100 ft.
- public		50 ft.	100 ft.	200 ft.	200 ft.
Irrigation well		50 ft.	50 ft.	100 ft.	100 ft.
Lined canals		--	10 ft.**	10 ft.**	10 ft.**
Unlined canals, drainage ditches		--	15 ft.**	25 ft.**	25 ft.**
Arroyos		--	15 ft.**	25 ft.**	25 ft.**
Other watercourses					
Waters of the state		--	50 ft.	100 ft.	100 ft.
Retention/detention area or flood irrigation areas		--	15 ft.	15 ft.	15 ft.
Seasonal high water table, bedrock and other impervious layers***		--	--	4 ft. to bottom of system	4 ft. to bottom of system

- (1) * Applies to privy pits, enclosed systems, other liquid waste treatment units.
- (2) ** Plus depth of channel.
- (3) *** Unlined privy pits shall provide clearance of at least four feet.
- (4) **** Plus two feet for each additional foot of depth below the invert of the distribution pipe.
- (5) ***** May be five feet when Schedule 40 PVC/DWV pipe is used.
- (6) ***** Or applicable plumbing code.

Table 201.2 Capacity of septic tanks

Single family dwellings, number of bedrooms	Other uses maximum fixture units*	Minimum septic tank capacity in gallons served
1	10	750
2 – 3	12	1000
4	15	1200
5 – 6	20	1500
7 – 9	27	2000
	29	2250
	32	2500
	35	2750
* 100 fixture units or less are equal to 31.1 gallons per fixture unit		

Table 301.1

Total Design Flow gpd	Minimum Lot Size Acres
375 or less	0.75
440	0.88
500	1.00
750	1.50
1125	2.25
1500	3.00
1875	3.75
2000	4.00