

Applicant: _____ NMED Processing Number: _____

You must submit this form with your application. The installer shall check next to each "YES" or "No" box to verify that the necessary information has been submitted. Print and sign your name at the bottom.

New Mexico Environment Department VARIANCE APPLICATION- LIQUID WASTE Submittal Checklist	
Liquid Waste Application	Installer Verification
<u>Complete</u> LW Application (See "Liquid Waste Permit Application Submittal Checklist") Include all attachments and Site Plan Drawing in accordance with "Site Plan Drawing-Liquid Waste System Submittal Checklist"	<input type="checkbox"/> YES <input type="checkbox"/> NO
Variance Application	
Appropriate "Application for Variance" Form is completely filled out	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section(s) of the regulations being variances is stated and is accurate	<input type="checkbox"/> YES <input type="checkbox"/> NO
The justification section is completely filled out	<input type="checkbox"/> YES <input type="checkbox"/> NO
Application is signed and dated by the applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attachments	
Equal Protection Documentation is attached and presents evidence that the proposed system will not cause a hazard to public health, nor degrade a body of water and will result in environmental protection equal to or better than the minimum protection of variances regulation(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notification Letter is attached and includes the following: (1) nature of the request w/ section of regs stated and specifics of requirement; (2) address where application is submitted; (3) time frames for NMED actions; and (4) proposed submittal date of application to NMED Field Office	<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation of Notification* for the adjacent property owners. Acceptable documents are the return receipts (original or copies) of the certified letters mailed to the property owners or sheets signed by property owners that received hand delivered letters	<input type="checkbox"/> YES <input type="checkbox"/> NO
Map or Drawing which indicates the owners of adjacent lots who have been notified	<input type="checkbox"/> YES <input type="checkbox"/> NO
All Adjacent Landowners Notified who share a common boundary and within 100 feet when sharing a common right of way; OR all parties sharing a private domestic well located on the lot where the variance is proposed	<input type="checkbox"/> YES <input type="checkbox"/> NO
NMED Permit Processing Comments: _____ Date Applicant Notified of Incompleteness: ____/____/____ What is needed for application to be "Complete": _____ Date Application Determined to be Complete: ____/____/____ Date sent to LW Specialist: ____/____/____ 10 Working Days from "Complete" Date: ____/____/____ 20 Working Days from "Complete" Date: ____/____/____ Other Comments: _____	

Installer Name Printed_____
Installer Signature_____
Date_____
NMED Staff Name Printed_____
NMED Staff Signature_____
Date