

Applicant Name \_\_\_\_\_

<b>NMED Use Only</b> Permit Processing No. _____
---

You must submit this form with your application. The applicant shall check the box next to Yes or No or N/A (Not Applicable) for each box to verify that the necessary information has been submitted. Print and sign your name at the bottom.

New Mexico Environment Department <b>Application Checklist - LIQUID WASTE SYSTEM</b>			
<b>For All Liquid Waste Permit Applications</b>		<b>Applicant Verification</b>	
Application is filled out completely with minimal cross-outs and no whiteout, no blanks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Detailed site plan is attached and includes all requirements and meets all setbacks (and <b>Liquid Waste Site Plan Submittal Checklist</b> is attached)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Warranty deed, tax bill or other form of ownership verification is attached (requires county clerk stamp)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Copy of plat or recorded survey is attached (requires county clerk stamp) <small>(if these documents are not available other documents showing property size and easements must be provided)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Floor plan for all dwellings or structures is attached (All rooms are clearly labeled, identifying bedrooms and rooms that might reasonably be used as bedrooms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>For Liquid Waste Permit Applications Proposing Advanced Treatment</b>		<b>Applicant Verification</b>	
A fully-labeled treatment and disposal system diagram is attached. The location and diagram of the sampling port is clearly shown. Disinfection unit is shown (If applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The system being proposed is on the "Advanced Wastewater Treatment Systems Approved by NMED" list	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A detailed design statement is attached which includes all of the following: Explains why an ATU is required on this site, discussion of site conditions & operational details	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A maintenance contract for the duration of the permit with a factory certified MSP (signed by both homeowner and MSP) is attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Voluntary System, Disclosure Statement is included (disclosure statement- indicates ATS is not required, maintenance contract for duration of the permit, signed by homeowner)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
A sampling contract for the duration of the permit with an approved sampling provider (signed by both the homeowner and sampling provider) is attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>For Liquid Waste Permit Applications Proposing Alternative Disposal</b>		<b>Applicant Verification</b>	
A detailed design statement is attached: Explains why an ADS is required on this site, it meets a proven design criteria, statement of site conditions & operational details	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
A diagram & design specifications of the disposal system including manufacturer's specifications (or proven design specs) are attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Detailed site drawings showing plan, profile and cross-section views are attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Detailed design calculation sheets or worksheets are attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Pump specifications and sizing information are attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NMED Staff Name Printed

\_\_\_\_\_  
NMED Staff Signature

\_\_\_\_\_  
Date