



*State of New Mexico*  
**ENVIRONMENT DEPARTMENT**  
*Field Operations Division*



**APPLICATION FOR A VARIANCE  
 FROM THE REQUIREMENTS OF THE  
 LIQUID WASTE DISPOSAL and  
 TREATMENT REGULATIONS**

**NMED  
 PERMIT NUMBER:**

\_\_\_\_\_

SYSTEM OWNER'S NAME: Last, First, MI

Home Phone:

Work Phone:

MAILING ADDRESS: Street, P.O. Box, City, State, Zip

SYSTEM LOCATION: Address

**VARIANCE REQUEST:**

I hereby apply to the New Mexico Environment Department (NMED) for a variance to the requirement(s) of the Liquid Waste Disposal and Treatment Regulations (20.7.3 NMAC). I believe that the issuance of a variance to the requirement(s) will not result in the degradation of any body of water or be a hazard to public health, and that the proposed system will provide environment and public health protection at least equivalent to the minimum protection required by the section from which I am requesting a variance.

Section of the Liquid Waste Disposal Regulations from which I am requesting a variance: \_\_\_\_\_

Justification: \_\_\_\_\_

My proposed variance submission date is: \_\_\_\_\_

Requests for information about the requested variance and comments may be submitted to the NMED field office

located: \_\_\_\_\_ Phone: \_\_\_\_\_

All adjacent property owners, less than 1,000 feet from the liquid waste system, have been notified by:

\_\_\_\_\_ certified mail, \_\_\_\_\_ door to door, of my intent to apply for this variance.

Attached is: \_\_\_\_\_ copy of the notification letter with certified receipts, \_\_\_\_\_ signature sheet(s) with a copy of document provided.

**Applicants Signature:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

**NMED ACTION:**

The Department will take action on the variance application after a minimum of ten (10) but no later than twenty (20) working days following receipt of the completed variance application.

Date completed variance application received: \_\_\_\_\_

The Department has reviewed the request for a variance and it appears that the proposed system will \_\_\_\_\_ MEET \_\_\_\_\_ NOT MEET the requirements for granting a variance as specified in Section 405 of the Liquid Waste Disposal and Treatment Regulations.

The variance hereby: \_\_\_\_\_ Granted \_\_\_\_\_ Granted subject to conditions \_\_\_\_\_ Denied

Conditions: \_\_\_\_\_

\_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

Applicable Sections of 20.7.3 NMAC: \_\_\_\_\_

The variance will remain effective for the following period of time: \_\_\_\_\_

NMED Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date NMED notified:

Applicant \_\_\_\_\_

Person(s) making a written submission concerning this variance application \_\_\_\_\_

The Applicant may request a hearing in accordance with Section 406 of the Liquid Waste Disposal and Treatment Regulations if dissatisfied with the action taken by the Department. The request must be made in writing within fifteen (15) working days of notice of the Department's decision.