New Mexico Environment Department
Environmental Health Bureau

Application for Liquid Waste Permit or Registration

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

Section 1 General Information

NMED USE

Liquid Waste Processing Number:

Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):

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: ☐ Onsite ☐ Offsite ☐ Private ☐ Shared ☐ Public

No. Connections: | OSE Well Permit No.

Private or Shared Water Well Location (long., lat. or physical address, city, state):

Public Water System Name:

Irrigation well, flood irrigation area on lot? ☐ YES NO ☐

Enter all LW permit nos. for lot:

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:

☐Corp., Inc. ☐ LLC ☐ Sole Prop. ☐LP, LLP, GP

Mailing Address (street / PO Box, City, State, Zip): | E-mail address:

CID License Classification: ☐MM-1 ☐MM-98 ☐MS-1 ☐MS-3 ☐Homeowner | CID License No.:

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.

☐ CID Licensed Contractor ☐ Qualified Homeowner ☐ Authorized Rep (Registrations Only)	Printed Name:	Signature:	Date Signed:

NMED USE ONLY

NMED CONSTRUCTION APPROVAL

A permit for construction of the Liquid Waste system described herein is hereby: ☐ Granted ☐ Granted with Conditions ☐ Denied ☐ Cancelled

Conditions, Reasons for Cancellation or Denial:

NMED Inspector Name Printed: | NMED Inspector Signature: | Date:

NMED LIQUID WASTE FEES

☐ Conventional-New $100	☐ Conventional Modification $50	☐ Registration $100	☐ ATS/ADS – New $150	☐ ATS/ADS Modification $75	☐ Commercial $150	☐ Variance $50

Total Fee Paid		Date Paid		Payment Received By	

FINAL INSPECTION OF LW SYSTEM

☐ Final Inspection Conducted by NMED	Final Inspection Date:	NMED Inspector Name Printed:
☐Contractor inspection authorized:	Inspection date:	Date photos received or Registration Form Received by NMED:

NMED OPERATIONAL APPROVAL

A permit for operation of the Liquid Waste system described herein is hereby: ☐ Granted ☐ Granted with Conditions ☐ Denied ☐ Cancelled

Conditions, Reasons for Cancellation of Denial:

NMED Inspector Name Printed: | NMED Inspector Signature: | Date:

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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

Facility	Units (enter number)	(Q) Flow, calculated: gpd
☐Single Family Residence	Bedrooms:	Total flow:
☐Multiple Family Units — No. Units:	Calculation Sheet Attached: ☐YES NO☐	Total flow:
☐Commercial / Institution (type): ☐Other:	Method of Design Flow Calculation: ☐ Table 201.1 ☐ PE (Calc. Sheet) ☐Water Meter Data Attached	Total flow:
☐Cluster ☐Other (type):	No. of Units:	Total flow:
Total Flow for this LW System: *(see page 1 for total flow to property)*	Q	

B. Hydrology Data

Depth from ground surface to:	Feet
Seasonal High Water table	
Bedrock, caliche, tight clay	
Gravel, cobbles, highly permeable soil	

Test Hole / Soil Borings Used: ☐ YES NO ☐

Soil Classification Methodology used: ☐ Jar Test ☐Laboratory: ☐ Hand Sampling ☐Other: ☐Sieve

C. Soil Description:

Type	AR
☐Type Ia: Coarse Sand (or up to 30% gravel)	1.25
☐Type Ib: Medium Sand, Loamy Sand	2.0
☐Type II: Sandy Loam, Fine Sand, Loam	2.0
☐Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
☐Type IV: Sandy Clay, Silty Clay, Clay	5.0

Section 2. Treatment Unit and Pump Design:

1	Primary Treatment Unit ☐Septic Tank(s)	No. Septic Tank(s)	Manufacturer:		Series / Model / Certification No.:	Capacity (gallons)	Burial Depth:
2	PUMP ☐Pump Tank		Manufacturer:		Series / Model:	Capacity (gallons)	Burial Depth:
	PUMP ☐Pump ☐Dual Pump		Manufacturer:		Series / Model:	Pump Curve Attch'd: ☐YES NO☐	Effluent Pump: ☐YES NO☐
3	ATS ☐Secondary	☐Standard ☐Conditional ☐Experimental	☐Required ☐Voluntary	Manufacturer:	Series / Model:	Capacity (gallons)	Burial Depth:
	ATS ☐Tertiary						
	ATS ☐ Disinfection	☐UV ☐Ozone ☐Chlorine	☐Required ☐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: ☐Distribution Box ☐Tee ☐ Drop Box ☐Alternating Drainfield Valve ☐ Other:

CONVENTIONAL DISPOSAL	☐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.:
	☐Chamber ☐Synthetic Agg. ☐Other:	Mfr. Model No & Sizing Credit (sf/lf, or unit).:		Total Linear Feet:	No. of Units:	Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
	☐Seepage Pit ☐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	☐Wisconsin Mound	☐Elevated System	☐Unlined ET Bed	☐Effluent Irrigation Re-use	☐Sand-Lined Trench Sand ASTM Specs Attached? ☐ YES NO ☐	☐Bottomless Sand Filters Sand ASTM Specs Attached? ☐ YES NO ☐	
	☐LPD	☐LPP	☐Graywater	☐Drip Irrigation			
	☐Split Flow (complete holding tank section & septic tank & conventional disposal section)			☐Wetland	☐Other (description):		
Non-Discharging	☐Holding Tank — No. of Tank(s)	Manufacturer:	NM Certification No.:	Capacity:	Burial Depth:	High Water Alarm at 80%? ☐ YES NO ☐	
	☐Lined ET Bed Sand ASTM Specs Attached? ☐ YES NO ☐	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:	☐Lined Lagoon	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:	
	☐Vault	☐Privy (outhouse)	☐Other (description):				

Section 5 Setbacks / Site Plan & Attachments (check those that apply)

☐ YES NO ☐ 1. Does proposed system meet all setbacks required per 20.7.3.302 NMAC (see setback Table 302.1)?

☐ YES NO ☐ 2. Site plan attached w/ all structures shown, LW systems, wells & waters w/ 200' all setbacks clearly shown per 402.A.1 NMAC?

☐ N/A ☐ YES NO ☐ 3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?

Supporting Documents Included: ☐Survey ☐Plat ☐Floorplan ☐Warranty Deed ☐Tax Bill ☐Other: