STATE OF NEW MEXICO
ENVIRONMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
ON-SITE LIQUID WASTE SYSTEM ABANDONMENT

NMED Permit No.: _____

System Owner's Name: _____

Address: _____

_____

BUILDING SEWER:

_____ Connected to Sewer Lines or Plugged/Capped based on UPC Requirements

ON-SITE LIQUID WASTE SYSTEM TYPE:

☐ Septic Tank ☐ Sec./Tert. Treatment Unit ☐ Holding Tank
☐ Seepage Pit ☐ Other: ☐ Cesspool

ABANDONMENT PROCEDURE:

_____ System Pumped
_____ Bottom of System Opened or Ruptured or Unit Collapsed
_____ System filled with Earth, Sand, Gravel, Concrete, or Other Approved Material
_____ Top Cover Removed or Collapsed
_____ System Filled to the Top of Sidewalls or above the Level of any Outlet Pipe
_____ System Filled Level with Top of Ground Surface

COMMENTS/VIOLATIONS:

_____

_____

_____

ABANDONMENT PERFORMED BY:

Company Name: _____

Address: _____

_____

NMED ACTION TAKEN:

☐ Abandonment **Approved**
☐ Abandonment **Approved w/conditions** (See Comments/Violations)
☐ Abandonment **Not Approved** (See Comments/Violations)

FINAL APPROVAL:

☐ Granted ☐ Not Granted

_____
NMED Inspector Date

OK - If Abandoned and meets Requirements	NC - Not Compliant
NI - Not Inspected	NV - Not Verified
NA - Not Applicable	