



State of New Mexico
ENVIRONMENT DEPARTMENT
Environmental Health Division
Liquid Waste Program



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

NMED PROCESSING 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 sharing a common boundary and within 100 feet if sharing a common right-of-way have been notified by: _____ certified mail, _____ door to door, of my intent to apply for this variance. If no property boundary is within 1000 feet of the system, notification is not required. If a shared well is located on the property, all parties sharing the well must be notified.

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

Applicants Signature: _____ **Date:** _____

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.