



Conventional Conventional Modification Registration ATS/ADS ATS/ADS Modification ATS Transfer Commercial Amendment

Section 1 General Information										NMED USE ONLY	
Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):											Liquid Waste Processing Number:
Facility Name:											Field Office ID:
System Location: Physical Address, - (if needed, attach directions)											Application Date:
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:		No. Connections:		OSE Well Permit No.		Private Water Well Location (long., lat. or physical address, city, state):					
<input type="checkbox"/> Onsite <input type="checkbox"/> Private <input type="checkbox"/> Offsite <input type="checkbox"/> Public <input type="checkbox"/> Shared		Public Water System Name:		Irrigation well, flood irrigation area on lot?		Enter all LW permit nos. for lot:		Will a petition for variance be submitted with this application?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Section 2 Installer Information											
Installer Name:			Phone:		Installer Company Name:					<input type="checkbox"/> Corp., Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LP, LLP	
Mailing Address (street / PO Box, City, State, Zip):						E-mail address:					
CID License Classification:					CID License No.:						
<input type="checkbox"/> MM-1	<input type="checkbox"/> MM-98	<input type="checkbox"/> MS-1	<input type="checkbox"/> MS-3	<input type="checkbox"/> Homeowner							
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.											
Page must be attached for each proposed system on lot	<input type="checkbox"/> Contractor <input type="checkbox"/> Authorized Rep. <input type="checkbox"/> Home Owner		Printed Name :			Signature :			Date Signed:		
NMED CONSTRUCTION APPROVAL											
<input type="checkbox"/> Granted <input type="checkbox"/> Granted with conditions <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled											
Conditions or Reasons for Denial:											
NMED Permit to Construct No.											
NMED Inspector Name Printed:					NMED Inspector Signature:			Date:			
NMED LIQUID WASTE FEES											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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											
<input type="checkbox"/> Final Inspection Conducted by NMED <input type="checkbox"/> Contractor photo inspection authorized:		Final Inspection Date:		NMED Inspector Name Printed:		<input type="checkbox"/> Installation Approved <input type="checkbox"/> Installation Approved with Conditions (see inspection form for conditions) <input type="checkbox"/> Installation Not Approved					
		Photo inspection date::		Date photos and Completed Form Received by NMED::							
NMED OPERATIONAL APPROVAL											
A permit for operation of the Liquid Waste system described herein is hereby: <input type="checkbox"/> Granted <input type="checkbox"/> Granted with conditions <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled											
Conditions or Reasons for Denial:											
NMED Permit to Operate No.:											
NMED Inspector Name Printed:					NMED Inspector Signature:			Date:			



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			B. Hydrology Data		C. Soil Description:	
Facility	Units (enter number)	(Q) Flow, calculated: gpd	Depth from ground surface to:	Feet	Type	AR
<input type="checkbox"/> Single Family Residence	Bedrooms:	Total flow:	Seasonal High Water table		<input type="checkbox"/> Type Ia: Coarse Sand (or up to 30% gravel)	1.25
<input type="checkbox"/> Multiple Family Units	No. Units: Calculation Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Total flow:	Bedrock, caliche, tight clay		<input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand	2.0
<input type="checkbox"/> Commercial / Institution (type): <input type="checkbox"/> Other:	Method of Design Flow Calculation: <input type="checkbox"/> Table 201.1 <input type="checkbox"/> PE (Calc. Sheet) <input type="checkbox"/> Water Meter Data Attached	Total flow:	Gravel, cobbles, highly permeable soil		<input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam	2.0
<input type="checkbox"/> Cluster <input type="checkbox"/> Other (type):	No. of Units:	Total flow:	Test Hole / Soil Borings Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
Total Flow for this LW System: Q			Soil Classification Methodology used: <input type="checkbox"/> Jar Test <input type="checkbox"/> Laboratory: <input type="checkbox"/> Hand Sampling <input type="checkbox"/> Other: <input type="checkbox"/> Sieve		<input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay	5.0

Section 2. Treatment Unit and Pump Design:

1	Primary Treatment Unit <input type="checkbox"/> Septic Tank(s)	No. Septic Tank(s)	Manufacturer:	Series / Model / Certification No.:	Capacity (gallons)	Burial Depth:	
2	PUMP <input type="checkbox"/> Pump Tank <input type="checkbox"/> Pump <input type="checkbox"/> Dual Pump	Manufacturer:		Series / Model:	Capacity (gallons)	Burial Depth:	
		Manufacturer:		Series / Model:	Pump Curve Attach'd: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Effluent Pump: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
3	ATS <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	<input type="checkbox"/> Standard <input type="checkbox"/> Conditional <input type="checkbox"/> Experimental	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:	Series / Model:	Capacity (gallons)	Burial Depth:
		<input type="checkbox"/> UV <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine	<input type="checkbox"/> Required <input type="checkbox"/> 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:		<input type="checkbox"/> Distribution Box	<input type="checkbox"/> Tee	<input type="checkbox"/> Drop Box	<input type="checkbox"/> Alternating Drainfield Valve	<input type="checkbox"/> Other:			
CONVENTIONAL DISPOSAL	<input type="checkbox"/> Pipe & Gravel	Trench Width:	Depth Gravel Below Pipe:	Total Linear Feet:	No. of Trenches:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
	<input type="checkbox"/> Chamber <input type="checkbox"/> Synthetic Agg. <input type="checkbox"/> Other:	Mfr. Model No & Sizing Credit (stiff, or unit):		Total Linear Feet:	No. of Units:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
	<input type="checkbox"/> Seepage Pit <input type="checkbox"/> Absorption Bed	Dimensions (L x W):		Depth below invert:	Proposed Sq. Ft.:	Max 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	<input type="checkbox"/> Wisconsin Mound	<input type="checkbox"/> Elevated System	<input type="checkbox"/> Unlined ET Bed	<input type="checkbox"/> Effluent Irrigation Re-use	<input type="checkbox"/> Sand-Lined Trench Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Bottomless Sand Filters Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> LPD	<input type="checkbox"/> LPP	<input type="checkbox"/> Graywater	<input type="checkbox"/> Drip Irrigation		
	<input type="checkbox"/> Split Flow (complete holding tank section & septic tank & conventional disposal section)				<input type="checkbox"/> Wetland	<input type="checkbox"/> Other (description):	
	Non-Discharging	<input type="checkbox"/> Holding Tank	No. of Tank(s)	Manufacturer:	NM Certification No.:	Capacity:	Burial Depth:
<input type="checkbox"/> Lined ET Bed Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		Liner Material & Thickness (mils):		Dimensions (L x W) & sq. ft.:	<input type="checkbox"/> Lined Lagoon	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:
<input type="checkbox"/> Vault		<input type="checkbox"/> Privy (outhouse)		<input type="checkbox"/> Other (description):			

Section 5 Setbacks / Site Plan & Attachments (check those that apply)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1. Does proposed system meet all setbacks required per Table 302.1?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Site plan attached which shows all structures, LW systems, and wells / waters within 200' with all setbacks clearly shown?
	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?
	Supporting Documents Included: <input type="checkbox"/> Survey <input type="checkbox"/> Plat <input type="checkbox"/> Floorplan <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Tax Bill <input type="checkbox"/> Other:

Table 302.1 Minimum setback and clearance requirements

From:	To:	Building Sewer	Treatment Unit*	Disposal Field	Seepage Pit
Property lines		clear	5 ft.	5 ft.	8 ft.
Building or structure		2 ft.	5 ft.	8 ft.	8 ft.
Distribution box		--	--	5 ft.	5 ft.
Disposal field		--	10 ft.*****	4 ft****	10 ft.
Seepage pit		--	10 ft.	10 ft.	12 ft.
Drinking water line*****					
- private		1 ft.	10 ft.	10 ft.	10 ft.
- public		10 ft.	10 ft.	10 ft.	10 ft.
Drinking water source/well					
- private		50 ft.	50 ft.	100 ft.	100 ft.
- public		50 ft.	100 ft.	200 ft.	200 ft.
Irrigation well		50 ft.	50 ft.	100 ft.	100 ft.
Lined canals		--	10 ft.**	10 ft.**	10 ft.**
Unlined canals, drainage ditches		--	15 ft.**	25 ft.**	25 ft.**
Arroyos		--	15 ft.**	25 ft.**	25 ft.**
Other watercourses					
Waters of the state		--	50 ft.	100 ft.	100 ft.
Retention/detention area or flood irrigation areas		--	15 ft.	15 ft.	15 ft.
Seasonal high water table, bedrock and other impervious layers***		--	--	4 ft. to bottom of system	4 ft. to bottom of system

- (1) * Applies to privy pits, enclosed systems, other liquid waste treatment units.
- (2) ** Plus depth of channel.
- (3) *** Unlined privy pits shall provide clearance of at least four feet.
- (4) **** Plus two feet for each additional foot of depth below the invert of the distribution pipe.
- (5) ***** May be five feet when Schedule 40 PVC/DWV pipe is used.
- (6) ***** Or applicable plumbing code.

Bedrooms, Design Flow, Capacity of Septic Tanks, combined tables, combines 201P and table 201.2

Single family dwelling, number of bedrooms	Design Flow (gpd-gallons per day)	Other uses maximum fixture units*	Minimum septic tank capacity in gallons served
1	150	10	750
2	300	12	1000
3	375	12	1000
4	440	15	1200
5	500	20	1500
6	550	20	1500
7	600	27	2000
8	650	27	2000
9	700	27	2000
		29	2250
		32	2500
		35	2750

Table 301.1

Total Design Flow gpd	Minimum Lot Size Acres
375 or less	0.75
440	0.88
500	1.00
750	1.50
1125	2.25
1500	3.00
1875	3.75
2000	4.00