REQUEST FOR LIQUID WASTE PERMIT SEARCH

REQUESTOR’S NAME: __________________________ TELEPHONE #: __________ Date Submitted: __________

E-mail address: __________________________ ALTERNATE TELEPHONE# OR FAX #: __________ Date Results Requested: __________

REQUESTOR’S MAILING ADDRESS (if you want the information to be mailed): __________________________

Return via: YES NO

Have you searched for the permit at our website at (https://www.env.nm.gov/liquid_waste/find-an-existing-liquid-waste-permit/)? Please attempt a web based search for your convenience and prompt access to the information.

1. First attempt to search by entering the UPC#. Any property recently entered into the database will have a UPC #.
2. If the previous attempt fails, search for the complete address first to include the city. If you get no results to match your property begin reducing the amount of information you input.
3. For example if your address is “1000 Camino de Marquez” the first search will include the entire name and city. Your second search might be “Marquez” accompanied by the correct city. Sorting through a long list of results may help you narrow your search.
4. Additional search attempts may be completed using a combination of the city and the following in order; Subdivision, Lot, Tract, Section, Township and Range.
5. If the previous attempts fail complete this form and deliver, e-mail, fax, or mail to your local field office for assistance.
6. If no permit is found to match your property description, the system will be considered as an “unpermitted system” and must be registered.

Please attach or detail your search criteria or results from the website here or attach any printouts. We are asking for this information so that we do not duplicate failed search criteria below:

SYSTEM OWNERSHIP, LOCATION, ADDRESS
Please provide as much information as possible for an accurate search, ALL NAME(S) OF ORIGINAL OWNERS, PREVIOUS OWNERS, AND CURRENT OWNER; BUILDERS. PLEASE PROVIDE ALTERNATIVE SPELLINGS FOR NAMES AND STREETS WHERE APPLICABLE

Owner Status | Name (include alternative spellings) | STREET ADDRESS, ROUTE, | City (County) | Zip
--- | --- | --- | --- | ---
Current | | | |
Previous | | | |
Original Builder | | | |
Installer | | | |

Property Detail / ACRES (0.01) | YEAR INSTALLED: | UPC# (13 DIGIT) | UNIT / PHASE | SUBDIVISION
--- | --- | --- | --- | ---
| | | | |

NMED RECEIVED BY: __________________________ DATE STAMP: __________

PERMIT #(S) FOUND: ___________________________________________ NMED STAFF: __________ DATE: __________