

## State of New Mexico Environment Department Environmental Health Bureau **Liquid Waste Program**



## **Septage Pumper Registration Application Form**

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Name of Applicant (Last, First)		Name of Company			
Mailing Address		Company Mailing Address			
City, State Zip		City, State,	State, Zip		
Diana Mandan		O and a state of Marine and Bloom	- At		
Phone Number		Company Contact Name and Phone Number:			
Email Address		Company Email Address			
Physical Address where vacuum trucks are	stored:				
Have you completed the NAWT or a comparable program? You must demonstrate familiarity w locating and exposing septic tanks, of septic tank sludge, maintenance pathogen transmission and prepara considers completion of the National Technician Training (VTT) Certification requirements.  For classroom training dates or	ith the applicable remeasuring septic sluctory of pumping equipmention of an appropriate Association of Waste ication Program as	gulations and demonstrate of dge and scum levels, the com- ent in a sanitary condition and e safety plan for normal opera- ewater Technicians (NAWT) values demonstrating competence	ompetence in plete pumping prevention of ations. NMED /acuum Truck ce for these	YES	NO
Do you understand that you must maintain your equipment to ensure no sewage spill occurs during transport or storage and that your employees or the public are not subject to a hazard to public health?				YES	NO
Do you have a written contingency plan for spill abatement and shall have the equipment and supplies needed to abate spills onsite during each pumping operation?				YES	NO
Do you understand that there must be a Certified Septage Pumper on-site any time that a septic tank is pumped and anytime septage is transported and disposed of?				YES	NO
List all the facilities that you use f	or the septage dispe				s of
any permi Septage Disposal Facilities that I u		ed by the owner of the disponsity, address, location, and cont			
By signing below, I acknowledge that I ha the regula		e Disposal and Treatment Regulati king as a septage pumper.	ons and I understand t	the sectio	ns of
Septage Pumper Name Printed	Septage Po	umper Signature	Date		
Please Complete this Application an Broussard, EHB Liquid Waste Specia please contact	llist, 2540 Camino Edwar Michael Broussard at <mark>M</mark>	rd Ortiz, Santa Fe, NM 87507; Fax ! <u>ichael.Broussard@state.nm.us</u> or	505-827-1839 For more 505-476-9125	e informati	ion

Please note that the certificate of registration belongs ONLY to the trained applicant as approved and registered. It does not belong to the company. The company name is associated with our records for administrative purposes. A trained and registered individual must be at the site of any pumping activity as well as on the truck during transport and disposal.