



Conventional  Modify Treatment Unit  Modify Disposal Field  ATS/ADS  Variance  Commercial  Register  ATS/ADS Transfer  Amendment

<b>Section 1 General Information (Incomplete applications will be returned without action)</b>										NMED USE ONLY	Liquid Waste Processing Number:				
Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):											Field Office ID:	Application Date:			
E-mail address(es):					Phone:			Facility Commercial or Institutional Name:							
System Location: Physical Address, - (if needed, attach directions)					Mailing Address (Invoices, permits, official correspondence):										
City:			State: <b>NM</b>	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: <input type="checkbox"/> Onsite <input type="checkbox"/> Private <input type="checkbox"/> Offsite <input type="checkbox"/> Public <input type="checkbox"/> Storage <input type="checkbox"/> Shared		No. Connections:		OSE Well Permit No. (505)827-6120, <a href="#">Info</a>			Private Water Well Location (long., lat. or physical address, city, state):								
Public Water System Name:			Irrigation well, flood irrigation area on lot? <input type="checkbox"/> YES <input type="checkbox"/> NO		Enter all LW permit numbers for this lot:			Will a petition for variance be submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>Section 2 Installer Information (NMED verifies all licensing information with CID and company registration with the Secretary of State's Office)</b>															
Qualifying Party Name:					Phone:			Licensed Company Name: (as on file with CID)			<input type="checkbox"/> Corp., Inc.				
Mailing Address (street / PO Box, City, State, Zip):					E-mail address:			<input type="checkbox"/> LLC			<input type="checkbox"/> Sole Prop.				
CID License Classification: <input type="checkbox"/> MM-1 <input type="checkbox"/> MM-98 <input type="checkbox"/> MS-1 <input type="checkbox"/> MS-3 <input type="checkbox"/> Homeowner					CID Company License No.:			<input type="checkbox"/> LP, LLP							
I am the qualifying party for a licensed company by the State of New Mexico Regulation Licensing Department, Construction Industries Division (CID). I will either personally install the work myself or authorize company employee(s), _____ (named here) to provide the services and labor for this permit application under my direct supervision.															
<b>Section 3 Authentication / Verification</b>															
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 2 must be attached for each proposed system on lot		<input type="checkbox"/> Qualifying Party <input type="checkbox"/> Authorized Rep. <input type="checkbox"/> Homeowner		Printed Name:				Signature:			Date Signed:				
<b>NMED PERMIT TO CONSTRUCT</b>															
<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:						
<b>NMED LIQUID WASTE FEES (permits to construct and operate are valid only upon all fees are being paid), (Amendments no fee required)</b>															
<input type="checkbox"/> Conventional-1000gpd \$225		<input type="checkbox"/> 1001-2000gpd \$325		<input type="checkbox"/> 2001-5000gpd \$425		<input type="checkbox"/> Holding Tank Annual Renewal (\$30)		<input type="checkbox"/> Variance small system \$100							
<input type="checkbox"/> ATS/ADS -1000gpd \$450		<input type="checkbox"/> 1001-2000gpd \$550		<input type="checkbox"/> 2001-5000gpd \$650		<input type="checkbox"/> ATS /ADS Annual Renewal (\$50)		<input type="checkbox"/> Variance large system \$400							
Total Fee Paid			Date Paid			Payment Received By									
<b>FINAL INSPECTION OF LW SYSTEM (902I, an approved final inspection report is valid for 180 days as a property transfer evaluation)</b>															
<input type="checkbox"/> Final Inspection Conducted by NMED		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							
<input type="checkbox"/> Contractor photo inspection authorized:		Photo inspection date:		Date photos and Completed Form Received by NMED:											
<b>NMED PERMIT TO OPERATE (permits to operate holding tanks and ATS / ADS are only valid for one-year, annual renewals applications required)</b>															
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: <input type="checkbox"/> Amendment				
<b>Treatment &amp; Disposal System Design</b>														
<b>Section 1 Design Flow, Hydrology, and Soil Description</b>														
<b>A. Wastewater Sources &amp; Design Flow Calculations</b>				<b>B. Hydrology Data (depth to limiting layers)</b>				<b>C. Soil Description:</b>						
Facility		Units (enter number)		(Q) Flow, gpd		Depth from ground surface to:		Feet		Type		AR=		
1. RESIDENTIAL	<input type="checkbox"/> Single Family Residence A	Bedrooms:		Flow:		Seasonal high-water table				<input type="checkbox"/> Type Ia: Coarse Sand (or up to 30% gravel)		1.25		
	<input type="checkbox"/> Single Family Residence B	Bedrooms:		Flow:		Bedrock				<input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand		2.0		
	<input type="checkbox"/> Multiple Family Units (4 or less units, apartments)	Bedrooms	Bedrooms	Bedrooms	Bedrooms	Flow:		Caliche						
	<input type="checkbox"/> Cluster System: (description)			Flow:		Clay soils, tight clay				<input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam		2.0		
2. COMMERCIAL	<input type="checkbox"/> Multiple Family Units (5 or more units, apartments)	Method of Design Flow Calculation:		Flow:		Gravel, cobbles, highly permeable soil, greater than 30% gravel				<input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam		2.0		
	<input type="checkbox"/> Commercial / Institution:	<input type="checkbox"/> Table 201.1 <input type="checkbox"/> PE (Calc. Sheet) Attached <input type="checkbox"/> Water Meter Data Attached <input type="checkbox"/> Calc. Sheet Attached		Flow:		Test Hole / Soil Borings Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>								
	<input type="checkbox"/> Other	Total Flow for this LW System: Q=		Total Flow:		Soil Classification Methodology used: <input type="checkbox"/> Jar Test <input type="checkbox"/> Web Soil Survey <input type="checkbox"/> Hand Sampling <input type="checkbox"/> Laboratory: <input type="checkbox"/> Sieve <input type="checkbox"/> Other Methodology:				<input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay		5.0		
	(type):													
<b>Section 2. Treatment Unit and Pump Design: (Note: 202D, E &amp; F, tank modification or registration requires pumping, and be within one tank size)</b>														
A. CONV.	Primary Treatment Unit <input type="checkbox"/> Septic Tank(s)	No. Septic Tank(s)	Manufacturer:				Series / Model / Certification No.:				Capacity (gallons)	Cover Depth:		
		Tank Bedded in: (circle one)	Undisturbed Soil	Compact Soil	Pea Gravel	Sand	Tank Back Fill: (circle one)	Native soil with no rocks	Pea Gravel	Sand	(Tanks are approved for max 3' cover unless otherwise approved / marked)			
B.	PUMP	<input type="checkbox"/> Pump Tank <input type="checkbox"/> Pump Basin	Manufacturer:				Series / Model:				Capacity (gallons)	Cover Depth:		
		<input type="checkbox"/> Pump <input type="checkbox"/> Dual Pump	Manufacturer:				Series / Model:				Pump Curve Atch'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"/>		
C. ALTERNATIVE	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)	Cover Depth:
		<input type="checkbox"/> Disinfection	<input type="checkbox"/> UV <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine	<input type="checkbox"/> Required <input type="checkbox"/> Voluntary	Manufacturer:				Series / Model:				All Tank Burial Instructions Attached. Applicant has read and understands proper burial instructions & will adhere: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Initial Here:	
<b>Section 3 Disposal System Design, Components and Calculations: (Note: 202D&amp;E, disposal field modification requires tank pumping, addition of filter and risers, I/O baffle or T's checked)</b>														
A. Minimum Required absorption area, calculated			Q	X	AR	=	Min. Sq. Ft. Required:	Existing Sq. Ft. utilized:	+	Proposed Sq. Ft.:	=	Total Disposal Area Sq. Ft.		
(Multiply Design Flow (Q) times Application Rate (AR):)														
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:														
C. CONVENTIONAL	1. Discharging	<input type="checkbox"/> Pipe & Gravel <input type="checkbox"/> Elevated	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 Aggregate. <input type="checkbox"/> Elevated System	Mfr. Model No &	Sizing Credit (s/ff, or unit):	Total Linear Feet:	No. of Units:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:				
	2. Non-discharging	<input type="checkbox"/> Seepage Pit <input type="checkbox"/> Absorption Bed <input type="checkbox"/> Elevated System	Dimensions (L x W):		Depth below invert:	Proposed Sq. Ft.:	Max Depth:	(fine to med Sand ASTM Specs Attached?) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			<input type="checkbox"/> ET Bed (unlined, gravity fed)			
		<input type="checkbox"/> Holding Tank	No. of Tank(s)		Manufacturer:	NM Certification No.:	Capacity:	Cover Depth:		High Water Alarm at 80%? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Set at: _____"				
		<input type="checkbox"/> Vault	<input type="checkbox"/> Other (description):		<input type="checkbox"/> Privy (outhouse)		<input type="checkbox"/> Split Flow: (complete holding tank section & septic tank & conventional disposal section):							
<b>Section 4 Alternative Disposal System (ADS) Design, Components and Calculations</b>														
For all ADS's - calculation sheets & site plan drawings (plan view with cross section views) must be submitted with this permit application.														
ALTERNATIVE DISPOSAL	1. Discharging	<input type="checkbox"/> Wisconsin Mound	<input type="checkbox"/> Unlined ET Bed	<input type="checkbox"/> Effluent Irrigation Re-use (804 reduced setbacks allowed)				<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"/> Wetland	<input type="checkbox"/> Graywater	<input type="checkbox"/> Drip Irrigation								
	<input type="checkbox"/> Other (description of above system):													
	2. Non-discharging	<input type="checkbox"/> Lined ET Bed (fine to med 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 (DP Transfers / Registrations Only)			Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:				
<input type="checkbox"/> Other (description, liner specs attached):														
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 <b>OR</b> <input type="checkbox"/> Plat	<input type="checkbox"/> Floorplan	<input type="checkbox"/> Warranty Deed <b>OR</b> <input type="checkbox"/> Tax Bill	<input type="checkbox"/> Other:							