New Mexico Environment Department
Environmental Health Bureau
Liquid Waste Program

Application for Liquid Waste Permit or Registration

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

Section 1 General Information (Incomplete applications will be returned without action)

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:

County:

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:
☐ Onsite ☐ Private
☐ Offsite ☐ Public
☐ Storage ☐ Shared

No. Connections:

OSE Well Permit No. *(505)827-6120, Info*

Private Water Well Location (long., lat. or physical address, city, state):

Public Water System Name:

Irrigation well, flood irrigation area on lot?
☐ YES NO ☐

Enter all LW permit numbers for this lot:

Will a petition for variance be submitted with this application?
☐ YES NO ☐

Section 2 Installer Information *(NMED verifies all licensing information with CID and company registration with the Secretary of State's Office)*

Qualifying Party Name:

Phone:

Licensed Company Name: *(as on file with CID)*

☐ Corp., Inc.
☐ LLC
☐ Sole Prop.
☐ LP, LLP
☐ Owner

Mailing Address (street / PO Box, City, State, Zip):

E-mail address:

CID License Classification:
☐ MM-1 ☐ MM-98 ☐ MS-1 ☐ MS-3 ☐ Homeowner

CID Company License No.:

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.

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 2 must be attached for each proposed system on lot

☐ Qualifying Party
☐ Authorized Rep.
☐ Homeowner

Printed Name:

Signature:

Date Signed:

NMED USE ONLY

NMED PERMIT TO CONSTRUCT

☐ N/A ☐ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Inspector Name Printed:

NMED Inspector Signature:

Date:

Permit to Construct No.

NMED LIQUID WASTE FEES *(permits to construct and operate are valid only upon all fees are being paid), (Amendments no fee required)*

☐ Conventional-1000gpd $225	☐ 1001-2000gpd $325	☐ 2001-5000gpd $500	☐ Holding Tank Annual Renewal ($30)	☐ Variance small system $100
☐ ATS/ADS -1000gpd $450	☐ 1001-2000gpd $550	☐ 2001-5000gpd $750	☐ ATS /ADS Annual Renewal ($50)	☐ Variance large system $250

Total Fee Paid | Date Paid | Payment Received By

FINAL INSPECTION OF LW SYSTEM *(902I, an approved final inspection report is valid for 180 days as a property transfer evaluation)*

☐ Final Inspection Conducted by NMED

Final Inspection Date:

NMED Inspector Name Printed:

☐Installation Approved
☐Installation Approved with Conditions (see inspection form for conditions)
☐Installation Not Approved

☐Contractor photo inspection authorized:

Photo inspection date:

Date photos and Completed Form Received by NMED:

NMED PERMIT TO OPERATE *(permits to operate holding tanks and ATS / ADS are only valid for one-year, annual renewals applications required)*

NMED USE ONLY

A permit for operation of the Liquid Waste system described herein is hereby: ☐ N/A ☐ Granted ☐ Granted with conditions ☐ Denied ☐ Cancelled

Conditions or Reasons for Denial:

NMED Inspector Name Printed:

NMED Inspector Signature:

Date:

Permit to Operate No.:

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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: ☐ Amendment

Treatment & Disposal System Design

Section 1 Design Flow, Hydrology, and Soil Description

A. Wastewater Sources & Design Flow Calculations

	Facility	Units (enter number)	(Q) Flow, gpd
1. RESIDENTIAL	☐Single Family Residence A	Bedrooms:	Flow:
	☐Single Family Residence B	Bedrooms:	Flow:
	☐Multiple Family Units (4 or less units, apartments)	Bedrooms: Bedrooms Bedrooms Bedrooms	Flow:
	☐Cluster System: *(description)*		Flow:
2. COMMERCIAL	☐Multiple Family Units (5 or more units, apartments)	Method of Design Flow Calculation: ☐ Table 201.1 ☐ PE (Calc. Sheet) Attached ☐Water Meter Data Attached ☐ Calc. Sheet Attached	Flow:
	☐Commercial / Institution:		
	☐Other (type):	Total Flow for this LW System: Q=	Flow: Total Flow:

B. Hydrology Data (depth to limiting layers)

Depth from ground surface to:	Feet
Seasonal high-water table	
Bedrock	
Caliche	
Clay soils, tight clay	
Gravel, cobbles, highly permeable soil, greater than 30% gravel	

Test Hole / Soil Borings Used: ☐ YES NO ☐

Soil Classification Methodology used:
☐ Web Soil Survey ☐ Jar Test
☐ Laboratory: ☐ Hand Sampling
☐ Other Methodology: ☐Sieve

C. Soil Description:

Type	AR=
☐Type Ia: Coarse Sand (or up to 30% gravel)	1.25
☐Type Ib: Medium Sand, Loamy Sand	2.0
☐Type II: Sandy Loam, Fine Sand, Loam	2.0
☐Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
☐Type IV: Sandy Clay, Silty Clay, Clay	5.0

Section 2. Treatment Unit and Pump Design: *(Note: 202D, E & F, tank modification or registration requires pumping, and be within one tank size)*

A. CONV. Primary Treatment Unit ☐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

☐ Pump Tank ☐ Pump Basin	Manufacturer:	Series / Model:	Capacity (gallons)	Cover Depth:
☐ Pump ☐ Dual Pump	Manufacturer:	Series / Model:	Pump Curve Attch'd: ☐YES NO☐	Effluent Pump: ☐YES NO☐

C. ALTERNATIVE ATS

☐ Secondary ☐ Tertiary	☐Standard ☐Conditional ☐Experimental	☐Required ☐Voluntary	Manufacturer:	Series / Model:	Capacity (gallons) / Cover Depth:
☐Disinfection 604	☐UV ☐Ozone ☐Chlorine	☐Required ☐Voluntary	Manufacturer:	Series / Model:	All Tank Burial Instructions Attached. Applicant has read and understands proper burial instructions & will adhere: ☐YES NO☐ Initial Here:

Section 3 Disposal System Design, Components and Calculations: *(Note: 202D&E, disposal field modification requires tank pumping, addition of filter and risers, I/O baffle or T's checked)*

A. Minimum Required absorption area, calculated (Multiply Design Flow (Q) times Application Rate (AR)): Q | X | AR | = | Min. Sq. Ft. Required: | Existing Sq. Ft. utilized: | + | Proposed Sq. Ft.: | = | Total Disposal Area Sq.Ft.

B. Design Components: ☐Distribution Box ☐Tee ☐ Drop Box ☐Alternating Drainfield Valve ☐Elevated System ☐ Other:

C. CONVENTIONAL DISPOSAL

1. Discharging

☐ Pipe & Gravel 701 ☐ Elevated System	Trench Width:	Depth Gravel Below Pipe:	Total Linear Feet:	No. of Trenches:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
☐Chamber 701 ☐Synthetic Aggr. 701.	Mfr. Model No &	Sizing Credit (sf/lf, or unit):	Total Linear Feet:	No. of Units:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:
☐Seepage Pit 702 ☐Absorption Bed 701B	Dimensions (L x W):	Pit Depth below invert:	Pit Excavation Depth:	Bed Aggregate Depth:	Bed Lateral Spacing (6ft max):	Aggregate Cubic Yards:	Proposed Sq. Ft.:	

2. Non-discharging

☐Holding Tank 808	No. of Tank(s)	Manufacturer:	NM Certification No.: (optional for concrete)	Capacity:	Cover Depth:	High Water Alarm at 80%? ☐ YES NO ☐ Set at:_____"
☐Vault 801	☐Privy 801 (outhouse) (design plans attached): ☐ YES NO ☐	☐Split Flow 811: (complete holding tank section & septic tank & conventional disposal section):	☐Other (description):		

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

1. Discharging

☐Wisconsin Mound	☐Unlined ET Bed	☐Effluent Irrigation Re-use *(804 reduced setbacks allowed)*		☐Sand-Lined Trench Sand ASTM Specs Attached? ☐ YES NO ☐	☐Bottomless Sand Filters Sand ASTM Specs Attached? ☐ YES NO ☐
☐LPD 807	☐LPP 807	☐Wetland	☐Graywater	☐Drip Irrigation	
☐ET Bed (unlined, gravity fed)	(fine to med Sand ASTM Specs Attached?) ☐ YES NO ☐	☐Other (description):			

2. Non-discharging

☐Lined ET Bed 805 (fine to med Sand ASTM Specs Attached?) ☐ YES NO ☐	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:	☐Lined Lagoon *(DP Transfers / Registrations Only)*	Liner Material & Thickness (mils):	Dimensions (L x W) & sq. ft.:
☐Other (description system above, liner specs attached):					

Section 5 Setbacks, Site Plan & Attachments (check those that apply)

☐ YES NO ☐	1. Does proposed system meet all setbacks required per Table 302.1?
☐ YES NO ☐	2. Site plan attached which shows all structures, LW systems, and wells / waters within 200', with all setbacks clearly shown?
☐ N/A ☐ YES NO ☐	3. If ATS or ADS, all requirements under section 403 are submitted, including calculations and drawings?

Supporting Documents Included: ☐Survey or ☐Plat ☐Floorplan ☐Warranty Deed or ☐Tax Bill ☐Other: