



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

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|---|--|---|--|---|--|---|---|---|--|--|--------------|---|--|------------------------------------|--|
| 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: <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, Info | | 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 | | | | | | | |
| 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) | | | <input type="checkbox"/> Corp., Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LP, LLP <input type="checkbox"/> Owner | | | |
| Mailing Address (street / PO Box, City, State, Zip): | | | | | | E-mail address: | | | | | | | | | |
| 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.: | | | | | | | | | |
| 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 | | <input type="checkbox"/> Qualifying Party | | Printed Name: | | | | Signature: | | | Date Signed: | | | | |
| | | <input type="checkbox"/> Authorized Rep. | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Homeowner | | | | | | | | | | | | | |
| NMED PERMIT TO CONSTRUCT | | | | | | | | | | | | | | | |
| <input type="checkbox"/> N/A | | <input type="checkbox"/> Granted | | <input type="checkbox"/> Granted with conditions | | | <input type="checkbox"/> Denied | | <input type="checkbox"/> 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) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Conventional-1000gpd \$225 | | <input type="checkbox"/> 1001-2000gpd \$325 | | <input type="checkbox"/> 2001-5000gpd \$500 | | <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 \$750 | | <input type="checkbox"/> ATS /ADS Annual Renewal (\$50) | | <input type="checkbox"/> 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) | | | | | | | | | | | | | | | |
| <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: | | | | | | | | | | | |
| NMED PERMIT TO OPERATE (permits to operate holding tanks and ATS / ADS are only valid for one-year, annual renewals applications required) | | | | | | | | | | | | | | | |
| A permit for operation of the Liquid Waste system described herein is hereby: | | | | | | <input type="checkbox"/> N/A | | <input type="checkbox"/> Granted | | <input type="checkbox"/> Granted with conditions | | <input type="checkbox"/> Denied | | <input type="checkbox"/> Cancelled | |
| Conditions or Reasons for Denial: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| NMED Inspector Name Printed: | | | | NMED Inspector Signature: | | | | Date: | | Permit to Operate No.: | | | | | |



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 | | | | B. Hydrology Data (depth to limiting layers) | | C. Soil Description: | | |
|--|--|---|----------|--|--|------------------------|---|---|
| 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, | 2.0 |
| | <input type="checkbox"/> Multiple Family Units (4 or less units, apartments) | Bedrooms | Bedrooms | Bedrooms | Bedrooms | Flow: | Loamy Sand | |
| | <input type="checkbox"/> Cluster System: (description) | | | | Flow: | Clay soils, tight clay | | <input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam |
| 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 (type): | 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: | | | |

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. | <input type="checkbox"/> 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. | <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 Attch'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 | <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 604 | <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: |

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 | | 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"/> Elevated System | <input type="checkbox"/> Other: | | | | |
| DISPOSAL | Discharging | <input type="checkbox"/> Pipe & Gravel 701 <input type="checkbox"/> 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.: | |
| | | <input type="checkbox"/> Chamber 701 <input type="checkbox"/> Synthetic Aggr. 701. | Mfr. Model No & | Sizing Credit (s/ft, or unit): | Total Linear Feet: | No. of Units: | Max Trench Depth: | Length, each trench: | Trench Spacing (ft): | Proposed Sq. Ft.: | |
| | 1. | <input type="checkbox"/> Seepage Pit 702 <input type="checkbox"/> 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.: | | |
| C. CONVENTIONAL | 2. Non-discharging | <input type="checkbox"/> Holding Tank 808 | No. of Tank(s) | Manufacturer: | | NM Certification No.: (optional for concrete) | | 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 801 | <input type="checkbox"/> Privy 801 (outhouse) (design plans attached): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | | | <input type="checkbox"/> Split Flow 811: (complete holding tank section & septic tank & conventional disposal section): | | | <input type="checkbox"/> 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 | <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 | <input type="checkbox"/> Bottomless Sand Filters |
| | | <input type="checkbox"/> LPD 807 | <input type="checkbox"/> LPP 807 | <input type="checkbox"/> Wetland | <input type="checkbox"/> Graywater | <input type="checkbox"/> Drip Irrigation | | Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | Sand ASTM Specs Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 2. Non-discharging | <input type="checkbox"/> ET Bed (unlined, gravity fed) | (fine to med Sand ASTM Specs Attached?) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | | <input type="checkbox"/> Other (description): | | | | |
| 2. Non-discharging | <input type="checkbox"/> Lined ET Bed 805 (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 system above, 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 or <input type="checkbox"/> Plat <input type="checkbox"/> Floorplan <input type="checkbox"/> Warranty Deed or <input type="checkbox"/> Tax Bill <input type="checkbox"/> Other: |

Floorplan :

Survey or Plat:

Plumbing Plan for Commercial, Alternative, Split Flow, Elevated, Low Pressure and Pump Station Systems

