



Conventional Modify Treatment Unit Modify Disposal Field

Section 1 Homeowner Information										NMED USE ONLY	
Name (Property Legal owner(s)):											Liquid Waste Processing Number:
E-mail address(es):											Field Office ID:
Phone:											Application Date:
Existing System Permit Number(s):											
System Location: Physical Address, - (if needed, attach directions)					Mailing Address (Invoices, permits, official correspondence):						
City:		State: NM	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:		No. Connections:		OSE Well Permit No. (505)827-6120 https://www.ose.state.nm.us/WRAB/index.php		Private Water Well Location (long., lat. or physical address, city, state):					
<input type="checkbox"/> Onsite	<input type="checkbox"/> Private										
<input type="checkbox"/> Offsite	<input type="checkbox"/> Public	Public Water System Name:		Irrigation well, flood irrigation area on lot? <input type="checkbox"/> YES <input type="checkbox"/> NO		Enter all LW permit nos. for lot:		Will a petition for variance be submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Storage	<input type="checkbox"/> Shared										
Section 2 Homeowner Qualification Requirements											
Request for Homeowner Qualification Certificate				Phone:		Request Training Material in language (circle one): English / Spanish / Other:					
<input type="checkbox"/> I have received training materials as provided by the department.				<input type="checkbox"/> I have received a copy of Liquid Waste Disposal and Treatment Regulations NMAC 20.7.3							
20.7.3.904 REQUIREMENTS FOR HOMEOWNER QUALIFICATION:											
(1) A homeowner must become qualified to install an on-site liquid waste system by passing an exam administered by the department.											
(2) Homeowner training materials and opportunities for exams, by appointment, shall be available at all department field offices.											
(3) A qualified homeowner may apply for a permit to install or modify a conventional on-site liquid waste treatment and disposal system serving the qualified homeowner's personal residence in accordance with Subsection C of 20.7.3.401 NMAC.											
(4) A qualified homeowner shall not install or modify an on-site liquid waste system serving a rental unit, or other property that is not the qualified homeowner's personal residence.											
(5) A homeowner qualification shall be valid for one year from the date of issuance of qualification; the department may extend the qualification beyond one year for good cause shown.											
(6) A qualified homeowner may install no more than one liquid waste system during a twelve-month period.											
(7) A qualified homeowner who self-installs a system shall not compensate any person to perform any phase of the system construction, unless that person holds a valid and appropriate classification of contractor's license issued by the New Mexico construction industries division.											
I as a qualified homeowner who self-installs a system shall not compensate any person to perform any phase of the system construction, unless that person holds a valid and appropriate classification of contractor's license issued by the New Mexico Construction Industries Division, required licenses are MM-1, MM-98, MS-1, or MS-3.											
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 qualification 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.											
Homeowner Printed Name:					Homeowner Signature:				Date Signed:		
NMED Homeowner Qualification Exam											
NMED USE ONLY	Exam administered by; name printed:				Title:		Exam Date:		<input type="checkbox"/> Pass		
	Exam scored by; name printed:				Title:		Score:		<input type="checkbox"/> Fail		
Homeowner is Qualified to install LW SYSTEM (with indicated components)											
<input type="checkbox"/> Pipe & Gravel	<input type="checkbox"/> Synthetic Aggregate	<input type="checkbox"/> Chamber		<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Split Flow	<input type="checkbox"/> D-box	<input type="checkbox"/> Drop Box	<input type="checkbox"/> Tee		
NMED LIQUID WASTE Permit FEES											
<input type="checkbox"/> Homeowner Qualification Certificate \$170		<input type="checkbox"/> Conventional-1000gpd \$225		<input type="checkbox"/> 1001-2000gpd \$325		<input type="checkbox"/> 2001-5000gpd \$425		<input type="checkbox"/> Variance small system \$100			
Total Fee Paid			Date Paid			Payment Received By					
NMED Official Name Printed:					NMED Official Signature:				Date:		
Homeowner Qualification Status		<input type="checkbox"/> Cancelled			<input type="checkbox"/> Denied			<input type="checkbox"/> Expired			
Homeowner notification, date, via, provide comments:											
Qualification Date:				Qualified Permit Number:				Qualification Expiration Date:			
NMED Official Name Printed:					NMED Official 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: 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=	
RESIDENTIAL	<input type="checkbox"/> Single Family Residence A <small>(Qualified Homeowners Personal Residence)</small>	Bedrooms:	Flow:	Seasonal high-water table		<input type="checkbox"/> Type Ia: Coarse Sand <small>(or up to 30% gravel)</small>	1.25
	<input type="checkbox"/> Single Family Residence B	Bedrooms:	Flow:	Bedrock		<input type="checkbox"/> Type Ib: Medium Sand, Loamy Sand	2.0
	Note: A qualified homeowner can only install a single system. That system may serve two residences however one of the structures must be the qualified homeowner's personal residence. The additional structure cannot be a rental unit.			Caliche		<input type="checkbox"/> Type II: Sandy Loam, Fine Sand, Loam	2.0
				Clay soils, tight clay		<input type="checkbox"/> Type III: Silt, Silt Loam, Clay Loam, Silty Clay Loam, Sandy Clay Loam	2.0
			Gravel, cobbles, highly permeable soil, greater than 30% gravel		<input type="checkbox"/> Type IV: Sandy Clay, Silty Clay, Clay	5.0	
			Test Hole / Soil Borings Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
			Soil Classification Methodology used: <input type="checkbox"/> Jar Test				
			<input type="checkbox"/> Laboratory: <input type="checkbox"/> Hand Sampling <input type="checkbox"/> Sieve				
			<input type="checkbox"/> Other (test method):				
Total Flow for this LW System: Q=		Total Flow:					

Section 2. Treatment Unit and Pump Design:

A.	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 Backfill: (circle applic.)	Native soil with no rocks	Pea Gravel	Sand
B.	PUMP	<input type="checkbox"/> Pump Tank	Manufacturer:				Series / Model:		Capacity (gallons)	Cover Depth:
		<input type="checkbox"/> Pump <input type="checkbox"/> Dual Alternating Pump	Manufacturer:				Series / Model:		Pump Curve Attach'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"/>
		All Tank Burial Instructions Attached. Applicant has read and understands proper burial instructions & will adhere to: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Initial Here:								

Section 3 Disposal System Design, Components and Calculations

A. Minimum Required absorption area, calculated $Q \times AR =$ 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: Distribution Box Tee Drop Box Alternating Drainfield Valve Other:

C. CONVENTIONAL	1. Discharging	<input type="checkbox"/> Pipe & Gravel <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 <input type="checkbox"/> Synthetic Aggregate. <input type="checkbox"/> Elevated System	Mfr. Model No & Sizing Credit (stiff, or unit):	Total Linear Feet:	No. of Units:	Max Trench Depth:	Length, each trench:	Trench Spacing (ft):	Proposed Sq. Ft.:	
		<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 Trench Depth:	<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"/>			
	2. Non-Discharging	<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)				

Section 4 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?

Supporting Documents Included: Survey **OR** Plat Floorplan Warranty Deed **OR** Tax Bill Other:

- NMED Liquid Waste program web pages: [Home Page](#), [Approved Products](#), and [Qualified Home Owner](#)
- Video: [Homeowner Installation Study Guide \(English\)](#) - Old but still useful
- Video: [Guía para el Dueño de Casa: Cómo Instalar un Tanque Séptico y Campo de Desague \(Spanish Version\)](#) - Old but still useful (B Spanish Translation)
- [Office of the State Engineer Interactive Well Location Map](#)
- County Property Information: Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, De Baca, Dona Ana, Eddy, [Grant](#), Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, [Sandoval](#), [San Juan](#), San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Union, Valencia