



Section 1 General Information						NMED USE ONLY		Liquid Waste Processing Number:																
Name (Property Legal owner, Inc., LLC, partnership, DBA, full legal name):								Field Office ID:		Application Date:														
Facility Name:				Phone:		E-mail address(es):																		
System Location: Physical Address, County - (if needed, attach directions)				Mailing Address (Invoices, permits, official correspondence):																				
City:		State:	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															
Section 2 Variance Request																								
I hereby apply to the New Mexico Environment Department (NMED) for a variance to the requirement(s) of the Liquid Waste Disposal and Treatment Regulations (20.7.3 NMAC). I believe that the issuance of a variance to the requirement(s) will not result in the degradation of any body of water or be a hazard to public health, and that the proposed system will provide environment and public health protection at least equivalent to the minimum protection required by the section from which I am requesting a variance. Section(s) of the Liquid Waste Disposal Regulations from which I am requesting a variance: <table border="1"><thead><tr><th>Section</th><th>Sub-section</th><th>Specific conditions requiring the variance</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>										Section	Sub-section	Specific conditions requiring the variance												
Section	Sub-section	Specific conditions requiring the variance																						
Section 3 Justification (choose the one that is applicable):																								
Initials:		I am unable to install a compliant onsite (conventional, alternative technology, or alternative disposal) system on said property. You must provide a statement demonstrating why compliant discharging and non-discharging systems cannot be installed on said property, provide site diagram details.																						
Circle:		Discharging System cannot be installed: Explain below				Non-discharging system cannot be installed: Explain below																		



Name (Property Legal owner, Inc., LLC, partnership, DBA):	System Location: Physical Address, County - (if needed, attach directions)	Liquid Waste Processing Number:
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Section 4 Equal Protection

Initials:	How does the proposed design provide equal or greater protection?		
Proposed system meets the indicated section and described as:	Proposed system is designed to what Section(s):		
Equally protective measure(s)	Section Varianced:		
Equally protective measure(s)	Other Section Varianced:		

Section 5 Adjacent Property Owner Notifications

All adjacent property owners sharing a common boundary and within 100 feet if sharing a common right- of-way have been notified by, certified mail, or door to door, of my intent to apply for this variance. If a shared well is located on the property, all parties sharing the well must be notified. If any property boundary is over 1,000 feet from the system, notification is not required.

(Note: This verbiage has been revised for simplicity and clarification.)

Adjacent Property ID (UPC or Parcel number):	Adjacent Property Owner Name Printed (as ownership or tax records demonstrate)	Notification Method (letter hand delivered, certified mail receipt #): Adjacent property owners not notified should be listed and the basis for non-notification expressed herein.	Date Notified:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			



Name (Property Legal owner, Inc., LLC, partnership, DBA):	System Location: Physical Address, County - (if needed, attach directions)	Liquid Waste Processing Number:
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List all official documents enclosed utilized to determine proper notifications were made. These documents must be from official jurisdictional agencies that can authenticate the information. The listed items are an example of documents acceptable: Survey, plat, aerial satellite photo with property boundaries, property tax information

Document	Dated	Source and description:	Number of Pages
1			
2			
3			
4			
5			
7			
8			
9			
10			

Requests for information about the requested variance and comments may be submitted to the NMED field office located at the full complete USPS address as indicated below:

Field Office:	Mailing Address:	City:	State:	Zip
Phone:	Physical Address (non-mailing):	City:	State:	Zip

Notifications Attached (choose one):

Yes	N/A	Copy of the notification letter with all certified receipts.	Number of Certified Receipts:
Yes	N/A	Copy of variance application with signatures for each person notified.	Number of signed applications
Yes	N/A	Signature sheet(s) with a copy of the document (s) provided.	Number of signature sheets:

Property owners notified must be those of legal ownership as represented by official documents (warranty deeds, county tax records). If the applicant is acting as: (a) executor of an estate, (b) corporate officer, (c) authorized representative (power of attorney) documentation must be provided to demonstrate authorization. If the applicant is an inheritor and ownership of property has not been probated appropriate documents will be required to demonstrate proper authorization or the application will be denied.

Applicants Printed Name:	Applicants Signature:	Date:
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The Department will take action on the variance application after a minimum of ten (10) but no later than twenty (20) working days following receipt of the completed variance application. This includes all adjacent property owner notifications. Please note that all interested parties must have maximum afforded time to file notice with the indicated field office.

The Applicant may request a hearing in accordance with Section 406 of the Liquid Waste Disposal and Treatment Regulations 20.7.3 NMAC if dissatisfied with the action taken by the Department. The request must be made in writing within fifteen (15) working days of notice of the Department's decision.

Application Received by (printed name and title):	Initials:	Received Date:
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Name (Property Legal owner, Inc., LLC, partnership, DBA):		System Location: Physical Address, County - (if needed, attach directions)		Liquid Waste Processing Number:	
Section 6 NMED ACTION					
Person(s) making a written submission concerning this variance application <i>(NMED attach letter with additional info if needed)</i>					
Name		Address		Date Received:	
1					
2					
3					
Incomplete: This application was declared INCOMPLETE as indicated below:				Date Incomplete:	
Reasons:					
Complete: This application was declared COMPLETE				Date Complete:	
THE VARIANCE IS HEREBY (circle applicable choices):					
The Department has reviewed the request for a variance and it appears that the proposed system will <u>(circle one, strike the other)</u> NOT MEET the requirements for granting a variance as specified in Section 405 of the Liquid Waste Disposal and Treatment Regulations.					
DENIED		This variance has been denied for the indicated reasons:			Date Denied:
The Department has reviewed the request for a variance, and it appears that the proposed system will <u>(circle one, strike the other)</u> MEET the requirements for granting a variance as specified in Section 405 of the Liquid Waste Disposal and Treatment Regulations.					
GRANTED		Granted subject to conditions:			Date Granted:
Conditions:					
Date and method NMED notified Applicant:					
NMED LIQUID WASTE FEES		☐ Variance small system \$100 (up to 2,000 gpd)		☒ Variance large system \$250 (2,001 to 5,000 gpd)	
Total Fee Paid		Date Paid		Payment Received By	
The variance will remain effective for the following period:				Expiration Date:	
NMED Official Printed name and title:		Signature:			Date: