



Applicant Name Printed:		System Location: Physical Address, County - (if needed, attach directions)			Liquid Waste Processing Number:			
<i>You must submit this form with your application. Circle each "YES" or "No" to verify that the necessary information has been submitted.</i>						Submittal Date:		
Section 1: Liquid Waste Application					Applicant		NMED	
Complete LW Application (See "Liquid Waste Permit Application Submittal Checklist") Include all attachments and Site Plan Drawing in accordance with "Site Plan Drawing-Liquid Waste System Submittal Checklist"					YES	NO	Yes	No
Section 2: Variance Application								
1	Appropriate "Application for Variance" Form is completely filled out				YES	NO	Yes	No
2	Section(s) of the regulations being variances is stated and is accurate				YES	NO	Yes	No
3	The justification section is completely filled out				YES	NO	Yes	No
4	The equal protection section is completely filled out				YES	NO	Yes	No
5	Application is signed and dated by the applicant				YES	NO	Yes	No
Section 3: Attachments								
1	Application clearly demonstrates why a compliant system cannot be installed. Why an alternative system cannot be utilized and demonstrates that the variance is the only reasonable option available.				YES	NO	Yes	No
2	Equal Protection Documentation is attached and presents evidence that the proposed system will not cause a hazard to public health, nor degrade a body of water and will result in environmental protection equal to or better than the minimum protection of variances regulation(s)				YES	NO	Yes	No
3	Notification Letter is attached and includes the following: (1) nature of the request w/ section of regs stated and specifics of requirement; (2) address where application is submitted; (3) time frames for NMED actions; and (4) proposed submittal date of application to NMED Field Office				YES	NO	Yes	No
4	Documentation of Notification* for the adjacent property owners. Acceptable documents are the certified mail return receipts (original or copies) of the certified letters mailed to the property owners, or sheets signed by property owners that received hand delivered letters. A copy of the completed notification letter that clearly declares the nature and intent of the variance.				YES	NO	Yes	No
5	Map or Drawing which indicates the owners of adjacent lots who have been notified. Plat, sub-division plan or survey showing boundaries, property or parcel numbers, adjacent owner names, or documents that identify legal owners or adjacent lots that qualify to be notified.				YES	NO	Yes	No
6	Documentation provided to identify all adjacent landowners have been notified: properties that share a common boundary at least 1,000 feet away and within 100 feet when sharing a common right of way; OR all parties sharing a private domestic well located on the lot where the variance is proposed.				YES	NO	Yes	No
Section 4: Reviewer Recommendation to Liquid Waste Specialist: I recommend the following for this application: (Circle One)								
Reviewer Name:			Does not meet requirements			Meets Requirements		
Date 10 day:	Date 20 day:	Date Declared Incomplete:	Date Declared as Complete:	Date sent to LW Specialist:				
NMED Variance Processing Comments: (What is needed for application to be "Complete"):								
Section 5: Liquid Waste Specialist Review								
Date LW Specialist Received:		Do Not Concur		Concur with changes		Concur		
NMED Variance Processing Comments: (What is needed for application to be "Complete"):								
LW Spec. Name:			Date Reviewed:		Days in process:		Meets processing times:	