Attachment C

Applicant:_____ NMED Processing Number:_____

You must submit this form with your application. The installer shall check next to each "YES" or "No" box to verify that the necessary information has been submitted. Print and sign your name at the bottom.

New Mexico Environment Department

VARIANCE APPLICATION- LIQUID WASTE

Submittal Checklist

Liquid Waste Application	**Installer Verification**
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
Variance Application	
Appropriate "Application for Variance" Form is completely filled out	☐YES ☐NO
Section(s) of the regulations being varianced is stated and is accurate	☐YES ☐NO
The justification section is completely filled out	☐YES ☐NO
Application is signed and dated by the applicant	☐YES ☐NO
Attachments	
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 varianced regulation(s)	☐YES ☐NO
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
Documentation of Notification* for the adjacent property owners. Acceptable documents are the 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	☐YES ☐NO
Map or Drawing which indicates the owners of adjacent lots who have been notified	☐YES ☐NO
All Adjacent Landowners Notified who share a common boundary 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

NMED Permit Processing Comments: Date Applicant Notified of Incompleteness: _____/_____/_____

What is needed for application to be "Complete":

Date Application Determined to be Complete: _____/_____/_____ Date sent to LW Specialist: _____/_____/_____

10 Working Days from "Complete" Date: _____/_____/_____

20 Working Days from "Complete" Date: _____/_____/_____

Other Comments:

Installer Name Printed	Installer Signature	Date
NMED Staff Name Printed	NMED Staff Signature	Date

Revised 8/1/10