*Instructions for completing the application are included in the form itself and in the Supplemental Instructions found at the back of the application. You may fill out the application manually, or a Microsoft Word version may be downloaded from* [*www.env.nm.gov*](http://www.env.nm.gov) *(Ground Water Quality) and filled out electronically. Timely processing of this application is contingent upon the technical completeness of the submission. Failure to provide all of the information pursuant to Section 20.6.2.3106 NMAC, following notice of technical deficiency, may result in denial of the application.*

**Send two complete paper copies AND one electronic copy of this application,**

**with the filing fee to:**

Program Manager

Ground Water Pollution Prevention Section

New Mexico Environment Department

P.O. Box 5469

Santa Fe, NM 87502

**Introduction**

|  |  |
| --- | --- |
| **Facility Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Existing Discharge Permits:** | | | |
| DP Number: |  | |
| Expiration Date: | |  | |

|  |  |
| --- | --- |
| **Type of Discharge** (*check one)*: | |
|  | Domestic |
|  | Industrial |
|  | Agricultural |
|  | Mining |

|  |
| --- |
| **GWQB – Date of Receipt**  (Department use only) |

|  |  |
| --- | --- |
| **Type of Application** (*check appropriate box*) | |
|  | New – new facility |
|  | New – existing (unpermitted) facility |
|  | Renewal only |
|  | Modification only  *“modification” includes a change in the location of a discharge, and/or increase in the quantity of the discharge, and/or a change in the quality of the discharge.* |
|  | Renewal and Modification |

If this application is to *modify* or *renew and modify* a Discharge Permit, what is the reason for modification of the Discharge Permit? Describe the proposed changes that would result in modification, meaning a change in the location of a discharge, and/or an increase in the quantity of the discharge, and/or a change in the quality of the discharge*.*

|  |  |  |
| --- | --- | --- |
|  | |  | | --- | |  | |

**Fees Included with Application**

All applicants are required to submit a **$100 Application Filing Fee**. An additional fee will be assessed prior to permit issuance. Permit fees are listed in section 20.6.2.3114 NMAC. **Make checks payable to: NMED-Ground Water Quality Bureau**

**Application Checklist**

The following checklist has been provided to assist in ensuring that the application is complete prior to submission (*check all that apply*):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Part I. Administrative Completeness   |  |  | | --- | --- | |  | $100 Application Filing Fee | |  | A. General Information | |  | B. Public Notice Information | |  | C. Public Notice Preparation | |
|  | Part II. Technical Completeness   |  |  | | --- | --- | |  | A. Discharge Volume and Description | |  | B. Identification and Physical Description of Facility | |  | C. Flow Metering | |  | D. Ground Water Monitoring | |  | E. Engineering and Surveying (electronic copies) | |  | F. Land Application Area | |
|  | Part III. Site-Specific Proposals |
|  | Part IV. Electronic (PDF) format of Maps and Logs is required (additional paper copies of maps and logs are optional and may be requested by the Department if required for review)   |  |  | | --- | --- | |  | A. Surface Soil Survey and Vadose Zone Geology | |  | B. Location Map | |  | C. Flood Zone Map | |

**Copies of Application**

An applicant applying for a Discharge Permit shall submit **two paper copies of the signed application, and** **an electronic copy of the signed application including all supporting documentation**, to the address listed below.

|  |  |
| --- | --- |
|  | Two paper copies – completed and signed |
|  | Electronic copy in portable document format (PDF) of the signed application and all supporting documentation (designs, maps, logs), on the following media *(choose one)*:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Compact disc (CD)/DVD |  |  | Flash drive | |
|  | **Send application and fees to the following address:**  Program Manager  Ground Water Pollution Prevention Section  New Mexico Environment Department  P.O. Box 5469  Santa Fe, NM 87502 |

**Applicant’s Signature**

Signature must be that of the person listed as the legally responsible party on this application (Part I, 2a).

*I, the applicant, attest under penalty of law to the truth of the information and supporting documentation contained in this application for a Ground Water Discharge Permit.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |
| Printed Name: |  |  | Title: |  |

**Part I. Administrative Completeness**

**General Information**

**1. Facility Information**

See Supplemental Instructions to determine what constitutes a “facility.” The physical address must be provided. If the facility does not have an address, the location can be described by road intersections, mile posts, or landmarks, as appropriate. See Supplemental Instructions for additional information.

|  |  |
| --- | --- |
| Facility Name |  |
| Discharge Permit **#** |  |
| Physical Address |  |
| County |  |
| Type of Facility |  |
| Driving Directions |  |

**2. Contact Information**

**a) Applicant Information** The applicant is the person or entity (e.g., corporation, partnership, organization, *municipality*, etc.) legally responsible for the discharge and for complying with the terms of the Discharge Permit. If the applicant is an entity, then the name and title of a contact person must be provided. This application must be signed by the applicant or contact person named here.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name |  | | | | | | Title |  | | |
| Mailing Address |  | | | | | | | | | |
|  | City |  | | State | |  | | | Zip |  |
| Contact Person |  | | | | | | Title | |  | |
| Contact Information | Office Number | |  | | Fax Number | | | |  | |
| Cell Number | |  | | E-mail | | | |  | |

**b) Facility Operator/Manager Information** Provide the contact information for the facility operator or manager below. If the facility is required to have an operator certified by the State of New Mexico, please include the certification level of the operator named here.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | Title |  | | | |
| Mailing Address |  | | | | | | | | | | | | |
|  | City | |  | | | State | |  | | | | Zip |  |
| Contact Information | Office Number | | | |  | | Fax Number | | | | |  | |
| Cell Number | | | |  | | E-mail | | | | |  | |
|  | Cell Number | | |  | | | E-mail | | | |  | | |
| Certification Level |  | | | | | | | | | | | | |

(if applicable)

**c) Consultant’s Information (if applicable)** If the consultant is a company or organization, then the name and title of a contact person must be provided here.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name (1) |  | | | | | | | | |
| Company Contact |  | | | | | | | | |
| Mailing Address |  | | | | | | | | |
|  | City |  | | State | |  | | Zip |  |
| Contact Information | Office Number | |  | | Fax Number | |  | | |
| Cell Number | |  | | E-mail | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name (2) |  | | | | | | | | | |
| Company Contact |  | | | | | | | | | |
| Mailing Address |  | | | | | | | | | |
|  | City |  | | | State | |  | | Zip |  |
| Contact Information | Office Number | | |  | | Fax Number | |  | | |
| Cell Number | |  | | | E-mail | |  | | |

**d) Permit Contact Information (if applicable)** If someone other than the contacts listed above is a primary contact for this application and/or facility, list here.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | Title |  | | |
| Mailing Address | |  | | | | | | | | | |
|  | City | |  | | State | |  | | Zip | |  |
| Contact Information | Office Number | | |  | | Fax Number | | | |  | |
| Cell Number | | |  | | E-mail | | | |  | |
| Facility Affiliation |  | | | | | | | | | | |

**3. Ownership and Real Property Agreements** [20.6.2.7HH NMAC]

|  |  |
| --- | --- |
| The applicant owns (check as appropriate): | |
|  | The facility |
|  | All discharge sites |
|  | Some discharge sites |

If someone other than the applicant owns the facility or any of the discharge sites, provide ownership information below. For any portion of the facility where the applicant is not the owner of record, the applicant shall submit a copy of any lease agreement or other agreement which authorizes the use of the real property for the duration of the term of the requested permit (typically five years). Lease prices or other prices may be redacted.

* If more than one person has ownership interest, or a partnership exists, list all persons with an ownership interest.
* If a corporate entity holds an ownership interest, provide the name of the corporate entity and the entity’s registered agent as filed with the New Mexico Public Regulation Commission.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | Title | |  | | | |
| Mailing Address | |  | | | | | | | | | | | | |
|  | City | | |  | | State | |  | | | | Zip | |  |
| Contact Information | Office Number | | | |  | | Fax Number | | | | | |  | |
| Cell Number | | | |  | | E-mail | | | | | |  | |
| Owns |  | | The facility | | | |  | | | A discharge site | | | | |
|  |  | | Attached – lease (or other authorized use) agreement | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | Title | |  | | | |
| Mailing Address | |  | | | | | | | | | | | | |
|  | City | | |  | | State | |  | | | | Zip | |  |
| Contact Information | Office Number | | | |  | | Fax Number | | | | | |  | |
| Cell Number | | | |  | | E-mail | | | | | |  | |
| Owns |  | | The facility | | | |  | | | A discharge site | | | | |
|  |  | | Attached – lease (or other authorized use) agreement | | | | | | | | | | | |

**4. Public Notice Information**

**a) Proposed Maximum Daily Discharge Volume**:       gallons per day

*Note: Use the information from Part II.A.2 following its completion.*

**b) Depth-to-Most-Shallow Ground Water**:       feet

*Note: Use the information from Part II.A.2 following its completion.*

**c) Pre-Discharge Total Dissolved Solids Concentration in Ground Water**

[Subsection C of 20.6.2.3106 NMAC]

Provide the concentration of total dissolved solids (TDS) in ground water prior to discharging from the facility. *Note: This information is likely the same as that submitted in the first application for a Discharge Permit for this facility.*

* Pre-discharge TDS concentration in ground water:       mg/L (ppm)

|  |  |
| --- | --- |
|  | Attached – Copy of laboratory analysis report (if available) |

* From what source was the sample collected (e.g., upgradient monitoring well, on-site supply well, nearest well within a one-mile radius of the facility)?

**5. Facility Location**

In the table below, describe the location for the entire facility by listing the Township, Range, and Section, and/or latitude and longitude for the locations of all components of the processing, treatment, storage, and/or disposal system. See Supplemental Instructions for additional information. [Paragraph (2) and (5) of Subsection C of 20.6.2.3106 NMAC]

| **Component[[1]](#footnote-1) ID** | **Town**  **ship** | **Range** | **Section(s)** | **Latitude** | **Longitude** |
| --- | --- | --- | --- | --- | --- |
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**6. Processing, Treatment, Storage, and Disposal System**

Briefly describe how wastewater, sludge, etc. is processed, treated, stored, and/or disposed of at your facility. Include each component listed in the table above.

|  |
| --- |
|  |

**7. Public Notice Preparation** [20.6.2.3108 NMAC]

Once NMED has determined that your application is administratively complete, you must complete the applicant’s public notice requirements of Section 20.6.2.3108 NMAC. Language for notifications will be mailed to you with an administratively complete determination. Note: Guidance and instructions for completion of applicant’s public notice can also be found at the following link: [*https://www.env.nm.gov/gwb/NMED-GWQB-PublicNotice.htm*](https://www.env.nm.gov/gwb/NMED-GWQB-PublicNotice.htm). The information requested below will be used by NMED to approve or reject the proposed public notice newspaper and signage posting locations in accordance with Subsection A of 20.6.2.3108 NMAC. Note: Other requirements of Section 20.6.2.3108 NMAC not listed here, such as certified mailings to nearby landowners, may also apply.

**a) Public Notice Posting Locations**

Select the type of application you are submitting and provide the requested information. Language to be used in the required notifications will be included in the administratively complete packet.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Renewal Application | | |
|  | 1. Following receipt of an administrative completeness determination from NMED, the applicant is required to provide public notice of this application by placing a 2 inch by 3 inch display ad (classified or legal sections are not acceptable) in a newspaper of general circulation in the location of the proposed discharge. Indicate the newspaper in which you intend to place the ad. [Subsection C of 20.6.2.3108 NMAC] | | |
|  | | Newspaper: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New Application, Modification Application, or Renewal with Modification Application | | | | |
|  | 1. Following receipt of an administrative completeness determination from NMED, the applicant is required to provide public notice of this application by placing a display ad (classified or legal sections are not acceptable) in a newspaper of general circulation in the location of the proposed discharge. Indicate the newspaper in which you intend to place the ad. [Paragraph (4) of Subsection B of 20.6.2.3108 NMAC] | | | | |
|  | | Newspaper: | |  | |
|  | 1. Following receipt of an administrative completeness determination from NMED, the applicant is required to post a sign(s) (2 feet x 3 feet in size) for 30 days in a location conspicuous to the public at or near the facility. One sign must be posted for each 640 contiguous acres or less. NMED may require additional postings for facilities of more than 640 acres or when the discharge site(s) is not located on contiguous properties. Indicate the location(s) where you intend to display the sign(s). [Paragraph (1) of Subsection B of 20.6.2.3108 NMAC]   *Note: Conspicuous location means a location where the sign is visible and legible to the public and the public has access (e.g., at facility entrance on public road).* | | | | |
|  | * Is the entire facility (including all components and discharge sites) contained within **less than** 640 acres, and is the acreage contiguous?  |  |  | | --- | --- | |  | Yes - Indicate a sign location below. | |  | No – Indicate **two** sign locations below. | | | | | |
|  | Sign Location(s): | |  | | |
|  | 1. Following receipt of an administrative completeness determination from NMED, the applicant is required to post an additional notice (a flyer 8.5” X 11” or larger) for 30 days at an off-site location conspicuous to the public (e.g., public library). Indicate the location where you intend to display the flyer. [Paragraph (1) of Subsection B of 20.6.2.3108 NMAC]   *Note: The U.S. Postal Service no longer allows the posting of flyers in post offices.* | | | | |
|  | Flyer Location: | | | |  |

**b) Mailing Instructions**

a) The administrative completeness determination letter, including public notice instructions, should be sent to:

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant | Consultant |  |  |

**Part II. Technical Completeness**

**1. Discharge Volume and Description**

**a. Date of Initial Discharge at the Facility**[Subsections A and B of 20.6.2.3106 NMAC]

Date of Initial Discharge:

**b. Determination of Maximum Daily Discharge Volume** [Subsection C of 20.6.2.3106

NMAC]

See Supplemental Instructions for more information.

1. **Proposed maximum daily discharge volume:**       gallons per day.

(*Note: Use this volume to complete Part I.4.a (Public Notice).*

* Describe the methods and calculations used to determine this volume. Acceptable methods are described in the Supplemental Instructions. If you are relying on metered flows, attach a two-year record of meter readings.

|  |
| --- |
|  |

* Describe what generates the wastewater, sludge, or other discharges processed and/or disposed of at your facility. Identify all sources (e.g., RV spaces, mobile homes, shower facilities, laundromat, restaurant, backwash systems, septage haulers, contaminated media, etc.). See Supplemental Instructions.

|  |
| --- |
|  |

1. **Identify other wastewater or stormwater discharges at the facility** not described in this application and indicate what other permits apply to them. Examples include discharges from small septic systems covered by Liquid Waste Permits, discharges to surface waters under a NPDES permit, a discharge covered by a separate Discharge Permit, etc. Be sure these other discharge locations are identified on the site map required in item Part II.B.1.

| Other Discharges | Permit Number |
| --- | --- |
|  |  |
|  |  |
|  |  |

**2. Identification and Physical Description of Facility**

[Subsection C of 20.6.2.3106 NMAC]

**a. Scaled Map**

Provide a clear and legible scaled electronic map of the components of your proposed system and relevant surrounding features, indicating the location of all the following features present at the site:

|  |  |
| --- | --- |
| * overall facility layout * treatment units * lagoons * tanks * sumps * land application fields * domestic wastewater re-use areas * pits * stockpiles * leachfields * sludge drying beds * fences | * roads * buildings * supply wells * monitoring wells * extraction/injection wells * arroyos * nearby water bodies such as ponds or canals * property boundaries * other permitted discharges * required setbacks * north arrow |

**b. Description of Components**

Provide descriptive details of all components of your processing, treatment, storage, and/or disposal system. Include all components listed in the table of Part I.5.

| Component | Status[[2]](#footnote-2) | Date of installation or construction (mm/dd/yyyy) | Description  (construction material, liner type, irrigation method, capacity, dimensions, area, model number, etc.) |
| --- | --- | --- | --- |
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**3. Flow Metering**

Describe the facility’s flow metering system. See Supplemental Instructions for more information.

| Meter ID[[3]](#footnote-3) | Proposed or Existing? | Influent or Effluent? | Location Description | Flow Type[[4]](#footnote-4) | | Meter Type[[5]](#footnote-5) | Supporting Documents Attached |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | |  |
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**4. Discharge Quality**

Indicate the expected quality of the discharge (wastewater, leachate, sludge, etc.) that is generated, stored, treated, processed and/or discharged at your facility.

*Note: Not all facilities need to characterize influent quality.* *See Supplemental Instructions for additional guidance.*

|  |  |  |
| --- | --- | --- |
| Contaminants | **Contaminants** | |
| Incoming (Influent) | Final (Effluent) |
| Nitrate as Nitrogen (NO3-N, mg/L)1 |  |  |
| Total Kjeldahl Nitrogen (TKN, mg/L)1 |  |  |
| Total Dissolved Solids (TDS, mg/L)1 |  |  |
| Chloride (Cl, mg/L)1 |  |  |
| Total Suspended Solids (TSS, mg/L)2 |  |  |
| Biochemical Oxygen Demand (BOD, mg/L)2 |  |  |
| Fecal Coliform Bacteria (CFU/100 mL)2 |  |  |
| pH3 |  |  |
| Metals (attach list)3 |  |  |
| Organic Compounds (attach list)3 |  |  |

1. Include for all domestic systems.
2. Include for domestic systems that use an advanced treatment process.
3. Include for industrial or mining systems if these are contaminants of concern. If metals or organic compounds are present in the discharge, attach a list of influent and effluent concentrations for each metal/organic compound.

**5. Ground Water Monitoring**

Discharge Permits typically require that ground water samples be collected quarterly from properly constructed monitoring wells located downgradient from discharge locations. The samples must be analyzed for contaminants of concern. For most domestic and agricultural Discharge Permits, the typical contaminants of concern are total Kjeldahl nitrogen (TKN), nitrate-nitrogen (NO3-N), total dissolved solids (TDS), and chloride (Cl). For most industrial Discharge Permits, typical contaminants of concern are volatile and semi-volatile organic compounds (VOC’s), polynuclear aromatic hydrocarbons (PAH’s), polychlorinated biphenyls (PCB’s), metals, and radionuclides. See Supplemental Instructions for additional information.

**a. Depth-to-Most-Shallow Ground Water** [Subsection C of 20.6.2.3106 NMAC]

1. **Facilities *with* on-site monitoring wells**

Provide the depth-to-most-shallow ground water from the most recent ground water levels obtained from monitoring wells at the facility. Depth-to-ground water shall be measured to the nearest 0.01 feet using standard methods and techniques [Subsection B of 20.6.2.3107 NMAC].

Depth-to-ground water is:       feet

*Note: Use this depth to complete Part I.4.b (Public Notice).*

1. **Facilities *without* on-site monitoring wells**

If a facility does not have a monitoring well intersecting most-shallow ground water, provide depth-to-most-shallow ground water for all wells on file located within one mile of the boundary of the facility. This information can be obtained from the Office of the State Engineer (<http://www.ose.state.nm.us>).

|  |
| --- |
| Depth-to-ground water is:       feet  *Note: Use the range of depths from these records to complete Part I.4.b (Public Notice).* |

|  |  |
| --- | --- |
|  | Attached – Records from the Office of the State Engineer, including the following:   * location of each well by latitude/longitude and township, range, and section * use of each well * depth to ground water in each well * total depth of each well |

**b. Ground Water Flow Direction** [Subsection C of 20.6.2.3106 NMAC]

1. **Facilities with *three or more* on-site monitoring wells**

Provide ground water flow direction beneath the facility on a ground water elevation contour map. The ground water elevation contour map shall be developed based upon the most recent ground water levels and survey data obtained from on-site monitoring wells.

|  |  |  |
| --- | --- | --- |
| Flow Direction | |  |
|  | Included – Ground water contour map from on-site monitoring wells | | |
|  | Included – Monitoring well survey | | |
|  | No survey has been conducted | | |
|  | Survey previously submitted on       (date) | | |

1. **Facilities with *less than three* on-site monitoring wells**

If a facility does not have at least three monitoring wells intersecting most-shallow ground water, provide ground water flow direction based upon either the most recent regional water level data or published hydrogeologic information. Attach the sources of information used to determine ground water flow direction. *Select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Ground water flow direction of the most-shallow ground water beneath the facility based upon the *most recent regional water level data* is      .  -- Reference:       (attach relevant portions)   |  |  | | --- | --- | |  | Attached - Survey data from nearby monitoring wells and a *ground water elevation contour map* indicating the direction of ground water flow. | |
|  | Ground water flow direction of the most-shallow ground water beneath the facility based upon *published hydrogeologic information* is      .  -- Reference:       (attach relevant portions) |

**c. Monitoring Well Construction and Identification** [Subsection C of 20.6.2.3106 NMAC; Subsection A of 20.6.2.3107 NMAC]

1. **For existing monitoring wells**

Submit construction logs for all existing, on-site monitoring wells, which indicate the date of installation and well driller.

|  |  |
| --- | --- |
|  | Included - Construction logs for each existing monitoring well. |
|  | Previously Submitted  Date |

1. **For all monitoring wells -** Identify proposed and existing monitoring well (MW) locations.

| MW ID[[6]](#footnote-6) | Proposed or Existing? | Location Description[[7]](#footnote-7) AND  Latitude and Longitude | Screen Interval (ft) | Depth to Water |
| --- | --- | --- | --- | --- |
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**d. Past Ground Water Monitoring Results**

This item applies only to existing facilities seeking renewal and/or modification of a Discharge Permit that required ground water monitoring. See Supplemental Instructions for additional information.

1. **Attach a graph or table showing all analytical results from ground water monitoring**.

**e. Engineering and Surveying**

**Proposed New Structures or Improvements to Existing Structures**

Include electronic plans and specifications for any *proposed* new structures or improvements to existing structures. All final plans and specifications must bear the stamp of a New Mexico licensed Professional Engineer.

* Proposed plans and specifications included (*Select all that apply)*

|  |  |
| --- | --- |
|  | Included for new structure(s) |
|  | Included for improvements to an existing structure |
|  | No proposals for new or improved structures |

**f. Land Application Area** **Information**

For facilities proposing to apply reclaimed or treated wastewater to a land application area, provide calculations showing that nitrogen loading does not exceed 200 lbs/acre/year or that the amount of total nitrogen in the combined application of wastewater and fertilizer does not exceed by more than 25% the amount reasonably expected to be taken up by the crop(s) and removed by harvesting in any 12-month period. Forms to assist in these calculations can be found at: <https://www.env.nm.gov/gwb/FORMS/NewMexicoEnvironmentDepartment-GroundWaterQualityBureau-Forms.htm>.

|  |  |
| --- | --- |
|  | Attached – Nitrogen loading calculations |

**Part III. Additional Proposals and Conditions (if applicable)**

In the space provided, propose revisions or additions to the standard Discharge Permit requirements. If you propose any revisions or additions, also provide the rational for your proposal.

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**Part IV. Maps and Logs to be Attached**

**1. Surface Soil Survey and Vadose Zone Geology**

[Subsection C of 20.6.2.3106 NMAC]

|  |  |
| --- | --- |
|  | Attached - Most recent regional soil survey map and associated descriptions identifying surface soil type(s). |
|  | Attached - Lithologic logs for all existing on-site monitoring wells (if available). |

**2. Topographic Map** [Subsection C of 20.6.2.3106 NMAC]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attached - Location map with topographic surface contours identifying all of the following features located within a one-mile radius of the facility:   |  |  | | --- | --- | | * watercourses * lakebeds * sinkholes * playa lakes * springs (springs used to provide water for human consumption shall be so denoted) * wells supplying water for a public water system | * private domestic water wells * irrigation supply wells * ditch irrigation systems * acequias * irrigation canals * drains | |

**3. Flood Zone Map** [Subsection C of 20.6.2.3106 NMAC]

|  |  |
| --- | --- |
|  | Attached - Most recent 100-year flood zone map developed by the federal emergency management administration (FEMA) documenting flood potential for the facility. |
| Describe any engineered measures used for flood protection.   |  | | --- | |  | | |

**4. Additional Information**

Describe any additional relevant information.

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**Supplemental Instructions**

**Please note:** Discharge Permits are required for a wide range of facilities that process, treat, store and/or dispose of wastewater, sludge, septage, leachate, contaminated soils, mine tailings, industrial waste, mine ore, waste rock, or other similar materials. For the purposes of this application form, the term “discharge” applies to any of these materials whether they are actually discharged or whether they represent only a potential discharge that could occur due to factors such as poor maintenance, improper installation, equipment failure or accidents.

**Part I.1 Facility Information and Type of Facility**

The “Facility” may be identified as:

* a treatment facility, such as a municipal wastewater treatment plant;
* the source of the discharge, such as a subdivision, or waste rock pile;
* a disposal facility or operation, such as for sludge or septage;
* the discharge location or end user of reclaimed wastewater, such as a golf course or cement plant;
* a storage and/or processing facility with off-site disposal;
* a collection of facilities, such as numerous comfort stations at a state park; or
* a project or operation, such as a construction project or a system to distribute reclaimed wastewater throughout a city.

Examples of a variety of facility types are categorized below. Please note, “Domestic” waste contains human excreta or originates from typical residential plumbing fixtures.

|  |  |
| --- | --- |
| Industrial Waste   * Manufacturing * Power plant * Military installation * Vehicle/equipment wash * Mortuary * Hydrocarbon landfarm * Ground water remediation * Ethanol plant * Asphalt plant * Remediation Systems | Mining Waste   * tailing impoundment * mine dewatering * waste rock pile * smelter slag * in-situ leach * leach piles * pipelines * collection ponds * concentrator – other beneficiation |
| Domestic Waste   * Municipal wastewater treatment plant * Septage disposal * Sludge disposal * Mobile home/RV park * Campground/park * School/educational facility * Restaurant * Subdivision/apartment complex * Unincorporated community * Lodging/resort/spa * Residential facility * Commercial/shopping complex * Laundromat * Facility using reclaimed domestic wastewater | Agricultural Waste   * Dairy * Food processing * Slaughter facility * Nursery/greenhouse * Manufacture/processing of agricultural chemicals * Feedlot * Livestock truck washout |

This listing is only a guide, as there can be crossover between categories. For example, a golf course might use treated industrial wastewater for irrigation. The type of facility in that case is “golf course” and the type of waste is “industrial.” A mining operation may need a permit for its restroom and shower facilities. In that case, the type of facility is a “mining operation” and the type of discharge is “domestic waste.”

**Part I.5: Facility Location**

The following are examples of treatment, storage, and disposal components of a wastewater system that should be included in this part.

|  |  |
| --- | --- |
| Treatment Methods   * Septic tank * Grease interceptor * Oil/water separator * Manure separator * Wetlands * Lagoon (indicate whether aerated and type of liner) * Trickling filter * Activated sludge (extended air, SBR, etc.) * Sand filter * Membranes * Sludge drying bed * Disinfection (specify type) * chlorination * UV/ozone * Water treatment plant * Injection Wells | Disposal Methods   * Leachfield * Infiltration gallery * Evaporation lagoon (indicate type of liner) * Evaporation tank * Impoundment * Discharge to waters of the US   (NPDES permit required)   * Ongoing land application (specify type) * subsurface irrigation * sprinkler irrigation * flood irrigation * drip irrigation * surface spreading (solids) * surface injection (solids)   + Temporary uses of reclaimed wastewater   + Ongoing use of reclaimed wastewater for:   + Manufacturing construction or dust control |
| Storage Methods   * Above/below ground tank * Storage lagoon (indicate type of liner) * Holding tank * Pit toilet * Stockpile * Tailing impoundment |  |

**Part II.1 Proposed Maximum Daily Discharge Volume**

Your Discharge Permit will allow for the treatment, processing and/or discharge of up to a specified volume, generally, a maximum number of gallons per day. The flow at your facility on any given day must not exceed this “maximum discharge volume.” It is determined based on the expected contributions from the sources you identified Part II, 1, b, 1.

NMED will carefully review the basis of the maximum discharge volume you propose. Show all your calculations and assumptions.

Animal feeding operations must provide calculations based on the number of animals and water conservation practices in place.

Landfarms, disposal facilities, processing facilities typically identify the expected number of loads to be delivered.

For septic systems and wastewater treatment plants, the maximum discharge volume is also referred to as the “design flow.” It includes a peaking or safety factor to guard against back-ups and overflows.

Municipal wastewater treatment facilities should identify the population served, growth assumptions, and expected per capita usage considering any contributing industries.

On-site domestic wastewater treatment facilities should rely on published design flows such as those provided in the NMED Liquid Waste Regulations (20.7.3 NMAC), the Uniform Plumbing Code or the USEPA On-site Wastewater Treatment Systems Manual.

For existing facilities, the maximum discharge volume may be based on a record of measured flows if no changes are anticipated. At least two years of flow data must be submitted, and the highest monthly discharge volume must be multiplied by a peaking factor of 1.5.

NMED will verify that your proposed or existing facility can handle maximum discharge volume you propose.

Be specific in describing all sources. Consider the following examples:

* Municipalities – identify particular industries or specialized facilities contributing wastewater.
* RV Parks – identify showers, dump stations, laundromat, etc.
* Subdivisions – identify homes, apartments, commercial developments, water softener backwash, etc.
* Landfarms or disposal facilities – specify type of materials accepted, e.g., residential septage, car wash grit trap waste, contaminated soils/water, treated municipal sludge, etc.
* Dairies – identify milking parlors, type of washdown used, sources of stormwater runoff, etc.
* Schools – identify cafeteria, gym, showers, etc.
* Truck stops – identify restaurant, showers, car wash, etc.
* Facilities receiving reclaimed wastewater – identify the treatment facility providing the reclaimed wastewater.
* Food processing and industrial facilities – describe the processes which produce the waste stream and chemicals used.
* Mines – identify processes including beneficiation, tailing, waste rock, leach facilities, pipelines, ponds, catchments, booster stations, in-situ leach facilities.

You do not need to include solid wastes, hazardous wastes or discharges being managed under other permits; however, these must be listed under Item C-7 in Part C of the application.

**Part II.3: Flow Metering**

You must provide a method for measuring the discharge volume (Section 20.6.2.3109.H.1 NMAC). At facilities with treatment or storage lagoons, it is necessary to measure both the volume entering the treatment system as well as the volume ultimately discharged.

If you land apply wastewater to more than one discharge location, you must be able to track the volume to each location.

If your facility is small and relies on gravity to carry wastewater to the treatment and disposal system, it may be acceptable to estimate the wastewater flow. This can be done by metering water usage and deducting the volume of water used for fresh-water irrigation, swimming pools, evaporative cooling, livestock watering or other uses that do not result in wastewater flowing to the treatment system.

**Part II.4: Discharge Quality**

Untreated wastewater entering a treatment facility (also referred to as “influent”) must be characterized so that the treatment process can be evaluated. It is not necessary to provide influent quality for systems providing minimal treatment prior to discharge or disposal, such as systems relying on crop uptake for treatment (e.g., dairies), septic tank – leachfield systems, storage/processing facilities or evaporative systems. The final quality of the waste or wastewater disposed of or discharged must be characterized for all facilities.

For most agricultural and domestic facilities, the contaminants of concern include nitrate as nitrogen (NO3-N), total Kjeldahl nitrogen (TKN), total dissolved solids (TDS), and chloride (Cl). For domestic facilities with advanced treatment, additional contaminants include total suspended solids (TSS), biochemical oxygen demand (BOD5), and fecal coliform bacteria. Contaminants of concern at industrial and mining sites include pH, metals, and organic compounds. List all that apply.

**Part II.E: Ground Water Monitoring**

The depth to ground water beneath your facility and/or discharge site must be provided. This is true even if your facility or operation is intended to have no discharge. Discharge Permits are required for “no-discharge” lagoons, storage tanks, etc. because of the potential for a discharge to occur due to factors such as improper installation, poor maintenance, equipment failure or accidents.

The best way to determine the depth to water is to measure it in an on-site or nearby monitoring well. If a monitoring well is not available, the measurement may be from a water supply well. If there is a well but it is not possible to access it for a measurement, you could refer to the well log for that well and/or others in the vicinity. Well log information is available on the website of the State Engineer’s office:

[http://www.ose.state.nm.us/](http://www.seo.state.nm.us/).

Be aware that water levels have dropped in many areas of the state, so more recent well logs in those areas are more reliable.

There may be a significant discrepancy in the depth to water in different wells, even when falling water levels is not a factor. One reason for this is that a water supply well may rely on a deep aquifer rather than water in the “first” or most shallow aquifer. Discharge Permits are intended to protect all ground water, so it is important to report the shallowest depth in the vicinity of your site.

The total dissolved solids (TDS) concentration of the ground water prior to discharge must be provided. As explained for the depth to water, this is true even if your facility or operation is intended to have no discharge. The TDS value provides a general indication of the quality of the ground water that could be affected by your operation.

The best way to obtain a pre-discharge TDS concentration is to sample an on-site or nearby well before your facility begins operating. It is better to sample a shallow rather than a deep well, if possible. It may be that a neighboring facility has existing analytical data for its Discharge Permit. (If so, be sure to obtain data from a non-impacted well.)

If there are no wells in your vicinity or it is not possible to sample them, you may find general TDS concentrations in reports available from sources such as a university, the State Engineer’s Office ([http://www.ose.state.nm.us/](http://www.seo.state.nm.us/)) or the US Geological Survey (<http://nm.water.usgs.gov/>).

If you are renewing or modifying your Discharge Permit, you may refer to the TDS concentration previously determined if there was a sound basis for it. Monitoring data or other information obtained since the permit was issued, however, may warrant listing a different value.

**Part II.E.4: Past Ground Water Monitoring Results**

A complete list of ground water standards can be found in Section 20.6.2.3103 NMAC. The standards for contaminants most frequently monitored under Discharge Permits are as follows:

Nitrate-nitrogen (NO3-N) 10 mg/L

Chloride 250 mg/L

Total dissolved solids (TDS) … 1000 mg/L

Sulfate (SO4) 600 mg/L

pH between 6 and 9

There is no ground water standard for total Kjeldahl nitrogen (TKN). Because TKN converts readily to nitrate as it moves through the vadose zone, however, concentrations approaching or exceeding 10 mg/L are of concern.

Additional parameters typically apply at mining or industrial facilities.

Some ground waters in the state have TDS or chloride concentrations that naturally exceed these standards. In that case, the standard is the naturally occurring level. You must provide documentation of such elevated natural conditions, such as analytical results from a non-impacted well.

An example table and graph follow:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date | Monitoring Well 1 | | | NO3-N | TKN | | Jan-04 | 4.2 | 2.2 | | Apr-04 | 3.4 | 1.2 | | Jul-04 | 6.5 | 3.2 | | Oct-04 | 10 | 4.8 | | Jan-05 | 3.5 | 5.6 | | Apr-05 | 4.2 | 2.1 | | Jul-05 | 5.5 | 1.3 | | Oct-05 | 5.5 | 0.8 | | Jan-06 | 4.2 | 3.3 | | Apr-06 | 3.2 | 2.2 | | Jul-06 | 6.5 | 2.2 | |  |

1. Components include: septic tanks, impoundments, treatment systems, irrigation sites, leachfields, monitoring wells, mine stockpiles, etc. Additional examples are listed in the Supplemental Instructions. Each component should have a unique ID, for example septic tank-1, monitoring well-3, etc. [↑](#footnote-ref-1)
2. Status = **proposed**; **existing in use**; **existing not in use**, but proposed for use; **abandoned** without closure, not proposed for use; or **closed** [↑](#footnote-ref-2)
3. 1 Meter ID means the numbering or labeling system used to individually identify each meter (e.g., Meter-1, Irrigation Meter-1, etc.). [↑](#footnote-ref-3)
4. Flow type - **gravity** flow or pressurized (**pumped**) flow [↑](#footnote-ref-4)
5. Meter type - **open channel** such as a weir or flume, or a **closed-pipe** velocity meter such as an electromagnetic meter [↑](#footnote-ref-5)
6. MW ID (Monitoring Well ID) is the numbering or labeling system used to identify a MW (e.g., MW-1, MW-2, etc.). [↑](#footnote-ref-6)
7. Example: 60 feet south of the top inside edge of the berm of Wastewater Impoundment-1 [↑](#footnote-ref-7)