Bernalillo County Office of Environmental Health 111 Union Square SE, Suite 300 Albuquerque, NM 87102 Phone (505) 314-0310 Fax (505) 314-0470



Permit No. EHV	W
Receipt Number_ Fee \$50.00	
Application Comp	pleteYesNo
Reviewed by	
Date	

Well Variance Application

Applicant Information		
Name	Phone Number	
Mailing Address		
City	State Zip Code	
Email	_ Fax Number	
Property Owner Information	Check here if same as the applicant \square	
Name	Phone Number	
Mailing Address		
City	State Zip Code	
	Fax Number	
	ust be included with the application. The letter must provide authorization to st include the signature of the property owner and the date of the signature.	
Well Location Information	☐ Site plan drawn to scale included	
Site Address		
Legal Description		
UPC		
Zone Atlas Page Zone atlas page attached Flood Zone		
Is there a wastewater system on-site? \square Yes \square No	Wastewater Permit Number	
County Zoning Designation Is there a special use permit for the site? ☐ Yes ☐ No		
Is public sewer available to the site? \square Yes \square No		
If sewer is available, are all structures connected to the sewer? ☐ Yes ☐ No		
Authority flood control areas within 100 feet of the	by the well set showing at the minimum: strict Ditches and Albuquerque Metropolitan Arroyo Flood Control well Table 1 of Ordinance 2005-19. This may require a depiction of used for shared wells), and road thoroughfares identified	

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Please cite the section of Ordinance 2005-19 that cannot be met:	
Provide a description of why the well cannot meet the requirements of Ordinance 2005-19	
Provide a description of the corrective actions that will fulfill the intent of Ordinance 2005-19	
The foregoing information and the attached documentation are true and correct to the best of my knowled permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit responsibility of obtaining any permits required by State, County, or City regulations or ordinances or oth law.	it does not relieve me from the
Printed NameDate	,
Signature	

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