

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. EHWM _____

Fee \$0.00

Application Complete ___ Yes ___ No

Reviewed by _____

Date _____

Monitoring Well Permit Application

Applicant Information

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Well Location Information

Site plan drawn to scale included

Site Address _____

Legal Description _____

UPC _____

Zone Atlas Page _____ Zone atlas page attached

Installation Information

Proposed Use: Water Quality Water Level Both

Has the well been constructed? Yes No

Number of monitoring wells _____

Completion Depth(s) _____ Casing Type(s) _____

Casing Diameter(s) _____

Expected Contaminants _____

Required Attachments

- A site plan drawn to a scale of 1 inch equals 20 feet showing at the minimum:
 - The proposed location of the well on the lot
 - Other identifiable features on the lot
- A copy of the Zone Atlas page with the property identified

The foregoing information and the attached documentation are true and correct to the best of my knowledge. I understand the issuing of this permit does not relieve me from the responsibility of complying with all regulations. Obtaining the permit does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State and Federal law.

Printed Name _____ Date _____

Signature _____