

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. EHWW _____
Receipt Number _____
Fee \$100.00
Complete: __Y__N Type: Pri Sec Ter
Reviewed by _____
Date _____

Wastewater Permit Application

Property Owner

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Applicant

Check here if same as the property owner

Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Location

Site Address _____

Legal Description _____

UPC _____

Zone Atlas Page _____ Lot Size _____ Zoning Designation _____

Installer

Check here if the Authorized Representative

Name of Company _____

License Number _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Site Evaluator

Check here if the Authorized Representative

Name _____

License Number _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Designer

Check here if the Authorized Representative

Name _____

License Number _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Fax Number _____

Source of Water

- Individual or Shared Well Well Permit Number _____
- Public Water Supply System Name & Acct. # _____
- Hauled Water Water Source Name _____

Design Information

Scope: New System Modification to system: Reason _____

Design Flow _____ Soil Type: Ia Ib II III IV

Primary Treatment

Septic Tank Size: _____ Registration Number: NM _____

Material: _____ Manufacturer: _____

Effluent Filter _____

Secondary Treatment

Trash Tank Size: _____ Registration Number: NM: _____

Treatment Unit: _____ Manufacturer: _____

Tertiary Treatment

Trash Tank Size: _____ Registration Number: NM: _____

Treatment Unit: _____ Manufacturer: _____

Disinfection

Type: _____ Manufacturer: _____

Pump

Pump: _____ Pump Tank Size: _____

Disposal Field

- Gravity Dosing

Type _____ Infiltration Area _____

Dimensions _____

Number of observation ports _____

This application must be accompanied by the following:

- System specifications
- A site plan drawn to a scale of 1 inch equals 20 feet
- Floor plan
- Site evaluation (soil classifications)
- Management plan
- Maintenance agreement for secondary and tertiary treatment systems
- Monitoring plan for secondary and tertiary treatment systems
- 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 _____