

Bernalillo County
Natural Resource Services
111 Union Square SE, Suite 100
Albuquerque, NM 87102
Phone (505) 314-0375
Fax (505) 462-9833



Office use only
Permit No. NRWW _____
Receipt Number _____
Fee \$100.00 Complete: Yes No
Type: Pri. Sec. Ter. Graywater
Reviewed by _____
Date _____

Wastewater Permit Application

Property Owner

Name _____ Phone # _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____ Fax Number _____

Applicant

Name _____ Phone # _____ Same as the property owner
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____ Fax Number _____

Location

Site Address _____
Legal Description _____
UPC _____ Pin# _____
Zone Atlas Page _____ Lot Size _____ Zoning Designation _____

Installer

Company Name _____ Authorized Representative
License Number _____ Phone Number _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____ Fax Number _____

Site Evaluator

Name _____ Authorized Representative
License Number _____ Phone Number _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email _____ Fax Number _____

Designer

Name _____ Authorized Representative
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 Public Water Name & Acct. # _____
- Hauled Water Hauling Water Co. 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 _____