



For Department use Only:

Agency Interest Number _____
PRD Assigned _____

1. Name and mailing address of person proposing to discharge (Responsible Person):

Work Phone: _____
Cell/Home Phone: _____
Fax: _____
Email: _____

2. Name and Position of person Completing Form:

Work Phone: _____
Cell/Home Phone: _____
Fax: _____
Email: _____

3. Name of facility:

4. Physical location of the discharge (if applicable, give street address, township, range, section, distance from closest town or landmark, directions to facility, location map):

5. Type of operation generating the discharge (e.g., agricultural facility, domestic wastewater discharge, industrial discharge, mining operation, etc.):

6. Source(s) of the discharge. Describe how the wastewater, sludge, or other discharges processed and/or disposed at your facility are generated. Identify all sources. Attach additional pages if needed:

7. Expected contaminants in the discharge (e.g., nitrate-nitrogen, metals, organic compounds, salts, etc.) Include estimated concentration if known, and copies of results of laboratory analyses, if available:



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8. Describe all components of wastewater processing, treatment, storage, and disposal system (e.g., pre-treatment units, impoundments(s), septic tank/leachfield, etc.). Include sizes, site layout map, plans, and specifications, etc. if available:

9. Estimated maximum daily discharge volume in gallons per day. Provide water usage records or system sizing criteria if available:

10. Estimated depth to ground water (ft): _____ Source of information _____

11. Current Total Dissolved Solids Concentration in Groundwater _____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Certification by Responsible Person

I, _____, hereby certify that the information and data submitted in this application are true and accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this ____ day of _____, _____, upon my oath or affirmation, before a notary of the State of

Please return this form to:

NMED Ground Water Quality Bureau
P.O. Box 5469
Santa Fe, New Mexico 87502-5469

Telephone: 505-827-2900
Fax: 505-827-2965