



**New Mexico Environment Department
Drinking Water Bureau**

Application for Potable Water Hauling Operations in New Mexico

The purpose of this application is to determine the classification of a water hauling operation and applicability of Safe Drinking Water Act requirements. Submittal of this application does not authorize a water hauling operation to deliver potable water in the State of New Mexico. Additional information and physical inspection of water hauling equipment may be required as part of this application.

Company Name:	
Owner:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Manager/Operator (if different from above)

Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	

OPERATIONS INFORMATION

- 1. Please provide a written description of the water hauling operation, indicating all facilities used to store, treat, or distribute water. Please include a site plan as necessary to indicate location of components and relation to each other. Attach additional sheets as needed.**

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2. Please list the number of trucks to be used for hauling water and indicate their water carrying capacity.

3. Please list number and type of other water dispensing components. This may include cooking facilities, shower units, hand wash units, etc.

3. Please indicate type of operation: Continuous (year-round) Seasonal

If Seasonal: Start Date (mm/dd/yyyy) _____ End Date (mm/dd/yyyy) _____

4. Will you be providing water to households? YES NO

If Yes, please indicate approximate number of households: _____

5. Will you be providing water to any businesses, schools, restaurants, etc.? YES NO

If Yes, please fill out the table below.

Name of Business	Type of Business	Gallons/Month Delivered (Approx.)

6. Will you be providing water to any other transient populations such as temporary forest fire camps, remote construction sites, etc.? YES NO

If Yes, please provide documentation regarding any agreements with the businesses or agencies.

Additionally, please fill out the table below.

Name of Business/Agency	Type of Business	Gallons/Month Delivered (Approx.)

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SOURCE OF WATER

7. Will all water used for hauling operations be obtained from an existing approved drinking water source in New Mexico? YES NO

If Yes, please provide documentation indicating that all water will be received from existing approved drinking water sources in New Mexico.

If the name of the water system(s) are known, please fill out the table below.

Water System Name	NMED ID Number (WSS #)	System Contact & Phone Number

8. For each water system listed in question #7, please provide a copy of the agreement authorizing your operation to receive water from the water system.
9. If the answer to question #7 was no, please attach additional information on the proposed water source including: owner, well logs and/or water rights, physical location, and plans and specifications of any components, if available. Evaluation of the source for compliance with Safe Drinking Water Act requirements may be necessary prior to receiving approval to use the source.

VEHICLE/TANK INFORMATION

10. Please provide design specifications for the water tank portion of any water hauling vehicle or other water delivery components.
11. Please provide certification that the water tank portion of any water hauling vehicle or other water delivery components are approved for potable water or food use.
12. Please provide written verification that the water tank portion of any water hauling vehicle or other water delivery components have never come into contact with a non-potable or non-food grade product.

The information provided on this application and any additional submittals will be evaluated to determine the responsibilities and requirements of the water hauling operation in order to ensure compliance with the Safe Drinking Water Act.

These responsibilities and requirements will be outlined to you in a response from the New Mexico Environment Department, Drinking Water Bureau. Written acknowledgement and acceptance of these responsibilities and requirements will be necessary prior to initiating operation.

Signature _____ Date _____

I certify that to the best of my knowledge the information provided here is true and correct.

New Mexico Environment Department Drinking Water Bureau Offices

Albuquerque Area Office	5500 San Antonio Dr, NE, Albuquerque, NM 87109	(505) 222-9500
Santa Fe Area Office	525 Camino de los Marquez, STE. #4, Santa Fe, NM 87501	(505) 827-7536
Raton Area Office	1243 South Second St., Raton, NM 87440	(505) 445-3621
Espanola Area Office	705 La Joya St., Espanola, NM 87532	(505) 753-7256
Las Cruces Area Office	1001 N. Solano Dr., Las Cruces, NM 88001	(505) 524-6300
Clovis Area Office	100 E. Manana Unit #3, Clovis, NM 88101	(505) 762-3728