



**1. Name and mailing address of person proposing to discharge:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Name of facility:**

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Type of operation generating the discharge (e.g., truck wash, food processing plant, restaurant, etc.):**

\_\_\_\_\_

**5. 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. 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:**

\_\_\_\_\_

**7. Describe all components of wastewater processing, treatment, storage, and disposal system (e.g., grease interceptor, lagoon, septic tank/leachfield, etc.) Include sizes, site layout map, plans and specifications, etc. if available:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Estimated maximum daily discharge volume in gallons per day (or other units):**

\_\_\_\_\_

**9. Estimated depth to ground water (ft):** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

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