

NMED DATE STAMP this page above when it is received

State of New Mexico Environment Department Environmental Health Bureau			
<b>PERMITTED ONSITE LIQUID WASTE SYSTEM EVALUATION REPORT</b>			
<b>GENERAL INFORMATION</b>			
To be completed by Owner or Owner's Representative			
<b>EXISTING PERMIT INFORMATION</b>	Existing Permit Number(s)	Lot Size on Permit (to 0.01 acres)	Number of Bedrooms on Permit
<b>CURRENT OWNER INFORMATION</b>	Name	Mailing Address	Phone
<b>PROPERTY INFORMATION</b>	Site Address	Uniform Property Code	Lot Size (to 0.01 Acres)
	Township/Range/Section	Subdivision	Lot/Tract/Block/Unit
<b>RESIDENCE INFORMATION</b>	Current Number of Bedrooms in Main Residence 1 2 3 4 5 6 Other:	Other structure on property being used as a residence? YES NO	Describe Current Number of Bedrooms In Other Residential Structures:
<b>WATER SOURCE</b>	Water Source (Circle One) Private Well Public Water Shared Well	Well on your property? YES NO	Well Permit Number
<b>OTHER SOURCES OF WASTEWATER</b>	Any other sources of wastewater on this property? YES NO	If YES, What Permit Numbers?	Describe Other Sources:
<b>THIRD PARTY EVALUATOR INFORMATION</b>			
To be completed by Third Party Evaluator, Owner or Owner's Representative			
<b>EVALUATOR INFORMATION</b>	Name of Person Evaluating LW System STEVE SANDOVAL	Name of Company AAA ALLIED SEPTIC	Phone Number 505-982-2242
<b>THIRD PARTY EVALUATOR QUALIFICATION</b>	MM-98 MM-01 MS-06 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED: NAWT	License/Certification# 1125521C	Expiration Date 11-15
<b>SEPTAGE PUMPER INFO</b>	Name of Company AAA ALLIED SEPTIC	Name of Septage Pumper STEVE SANDOVAL	Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO
<b>OTHER INFORMATION</b>			
<b>NOTICE TO OWNER OR AGENT:</b> This report shall <u>not</u> be construed as a warranty that the system will function properly because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may affect the proper operation of a septic system. <b>Your signature below attests that the above detailed information is correct and true to the best of your knowledge.</b>			
Owner or Representative Name Printed		Signature	Date