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|  | State of New Mexico Environment Department Environmental Health Bureau PROPERTY TRANSFER EVALUATION REPORT For PERMITTED ONSITE LIQUID WASTE SYSTEMS |  | |
| GENERAL INFORMATION | | Liquid Waste Permit Number: | |
| To be completed by Owner or Owner's Representative | | | |
| EXISTING PERMIT INFORMATION | Existing Permit Number(s) | Lot Size on Permit (to 0.01 acres) | Number of Bedrooms on Permit |
| CURRENT OWNER INFORMATION | Name | Mailing Address | Phone |
| PROPERTY INFORMATION | Site Address | Uniform Property Code | Lot Size (to 0.01 Acres) |
| | Township/Range/Section | Subdivision | Lot/Tract/Block/Unit |
| RESIDENCE INFORMATION | 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: |
| WATER SOURCE | Water Source (Circle One) Private Well Public Water Well Shared | Well on your property? YES NO | Well Permit Number |
| OTHER SOURCES OF WASTEWATER | Any other sources of wastewater on this property? YES NO | If YES, What Permit Numbers? | Describe Other Sources |
| THIRD PARTY EVALUATOR INFORMATION | | | |
| To be completed by Third Party Evaluator, Owner or Owner's Representative | | | |
| EVALUATOR INFORMATION | Name of Person Evaluating LW System | Name of Company AAA Allied Septic Service LLC | Phone Number 505-982-2242 |
| THIRD PARTY EVALUATOR QUALIFICATION | MM-98 MM-01 MS-03 MS-01 PE NSF NEHA REHS/RS OTHER (Approved by NMED) For "OTHER" state date approved by NMED: NAWT | License/Certification# LIC#390691 NAWT# | Expiration Date |
| SEPTAGE PUMPER INFO | Name of Company AAA Allied Septic Service LLC | Name of Septage Pumper | Is this person a Qualified Septage Pumper under Section 904(D) of Regulations? YES NO |
| OTHER INFORMATION | | | |
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| <p>NOTICE TO OWNER OR AGENT: 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.</p> <p>Your signature below attests that the above detailed information is correct and true to the best of your knowledge.</p> | | | |
| Owner or Authorized Representative Name Printed | | Signature | Date |
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