New Mexico onsite wastewater transfer worksheet

Supporting notes for the NMED report

Property and permit	
Address	
Transferor	**Permit No.**
Qualified evaluator	**Evaluation date**

Treatment system
Treatment unit GPS
Tank, field, and sketch
Available records
Conditions and limits

NMED report	
Report reference	**Date filed**
Transfer the findings to the NMED-approved form. Retain the filed copy.	