



State of New Mexico
ENVIRONMENT DEPARTMENT
Field Operations Division
Liquid Waste Program



NOTICE OF TRANSFER OF OWNERSHIP OF ADVANCED TREATMENT UNIT
 For Use by New Owner Upon Transfer of Ownership

GENERAL INFORMATION:

New Owner _____ Phone _____
 (Print)

Mailing Address _____ City _____ State _____ Zip _____

Site Address _____ City _____ State _____ Zip _____

Existing Liquid Waste Permit No. _____ (permit no. **will not** change)

Previous Owner Name _____
 (Print)

ALTERNATIVE TREATMENT UNIT:

Manufacturer _____ Model _____

Maintenance Contractor _____

Maintenance Contract Expiration Date _____

Attach copy of new maintenance contract.

The above information is true to the best of my knowledge.

Signature _____ Date _____

The NEW MEXICO ENVIRONMENT DEPARTMENT may verify the above information.

Return completed form to the local NEW MEXICO ENVIRONMENT DEPARTMENT FIELD OFFICE. This form, when properly completed, signed, submitted and accompanied by a valid maintenance contract, serves as **Notice of Transfer of Ownership** of the Advanced Treatment System at the location indicated, and for application for an **Amendment of the Liquid Waste Permit** to reflect the new ownership of the Advanced Treatment System.