



2018 Application - Existing System Evaluation (Real Estate Transfer/Refinance)

Real Estate Transfer/Refinance \*\* - \$300
\*\* Complete checklist at bottom of page.

Water Sample Collection Only - \$110
(If using State Lab, add additional \$10 for mailing.)

FOR DEPARTMENT USE
Fee
Application #

Property Information

County:
Property Tax ID# (MANDATORY): Township: Section#:
Address: City: Zip code:
Subdivision: Lot #:
Owner at time sewage/well system was installed: Age of System:
Total Number of Bedrooms (including bonus rooms):
Property Status: Occupied Vacant Lockbox code:
Occupant's Name:
Phone Number:
Water Supply: Private well Public: Name of system/owner:

Owner/Contact Information

Owner Name:
Mailing Address: City: State: Zip code:
Phone Number: Email:
Contact Name:
Phone Number: Email:
Send Report to (if other than owner)
Name:
Address: City: State: Zip code:
Phone Number: Email:

Real Estate Transfer/Refinance Checklist:

Note: Application will not be accepted until all items below are completed.

- Water sample collection (must include capacity in gallons)
Outlet lid of septic tank exposed
Water turned on for water sample collection (additional sampling following a Positive bacteriological result will require an additional fee)
Copies of well and septic permits (if available)
Directions to the site (see next page)
Site plan with general location of well/septic/property lines (see next page)

This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Please use the back of this form and attach the appropriate documentation. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report.

I hereby authorize Health Department of Northwest Michigan to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities. I also agree to comply with the requirements of the District Sanitary Code for the county, and with the applicable laws of the State of Michigan.

Signature of Owner: Phone #: Date:

