



Existing System Evaluation Application Antrim, Charlevoix and Emmet Counties

- Addition/Remodel * - \$260
- Successor Building * - \$260
- Change of Use (Non-Residential Only) - \$256

* Provide existing and proposed floor plans

- Real Estate Transfer/Refinance ** - \$290
 - Water Supply only ** - \$195
 - Sewage Disposal only ** - \$195
- Water Sample Collection Only - \$110
(If using State Lab, add additional \$10 for mailing.)

** Complete checklist at bottom of page.

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, if known: _____

Existing Number of bedrooms, including bonus rooms: (Circle one) 1 2 3 4 5 6 7

Proposed Number of bedrooms, including bonus rooms: (Circle one) 1 2 3 4 5 6 7

Property status: Occupied Vacant Lockbox code: _____

Occupant's name: _____

Phone number: _____

Type of 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:

- Pumper statement
 - Receipt if pumped in last 5 years
 - If NOT pumped in last 5 years, needs to be pumped prior to evaluation and receipt submitted
- 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.

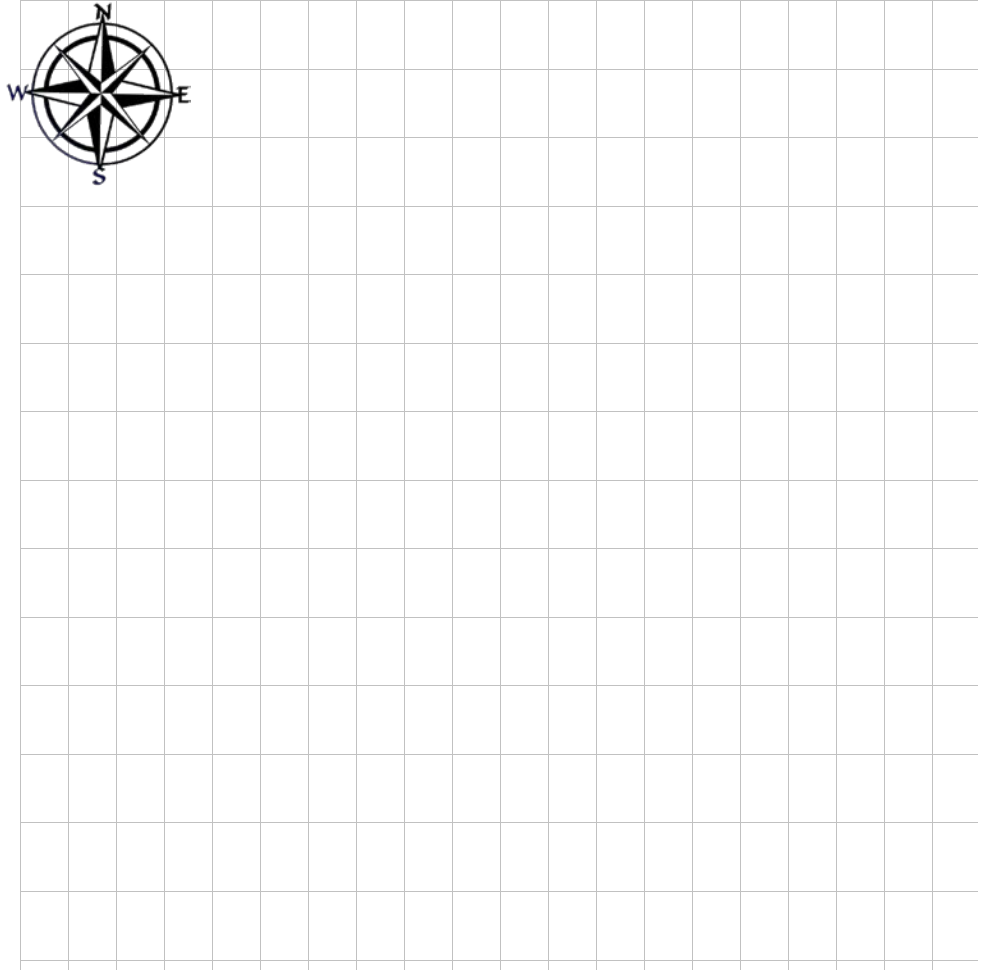
Signature of Owner/Agent: _____ Phone #: _____ Date: _____

Directions to site: (include name of nearest crossroad/landmarks/neighbor house number) _____

INCLUDE ON SKETCH:

PLEASE COMPLETE A SITE PLAN SKETCH BELOW

1. Property lines/dimensions
2. Location of any buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) distance to septic/drain field
4. Neighboring well/septic system location
5. Septic tank and drainfield location(s) - proposed and/or existing
6. Location(s) of streets/roads
7. Location(s) of body(ies) of water
8. Location(s) of underground and above ground fuel storage tanks
9. Test hole locations
10. Indicate proposed additions/changes to existing buildings for remodeling
11. Attach existing and proposed floor plan for remodeling.
12. Location of utilities; i.e. electric, gas, phone



Attach copy of (8 ½" x 11") Property Survey

Office Locations

Antrim
 209 Portage Dr.
 Bellaire, MI 49615
 (231) 533-8670
 Fax (231) 533-8450

Charlevoix
 220 W. Garfield
 Charlevoix, MI 49720
 (231) 547-6523
 Fax (231) 547-6238

Emmet
 3434 Harbor-Petoskey Rd., Suite A
 Harbor Springs, MI 49740
 (231) 347-6014
 Fax (231) 347-2861

Otsego
 95 Livingston Blvd.
 Gaylord, MI 49735
 (989) 732-1794
 Fax (989) 732-3285

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ CC # _____

Receipt #: _____ Pending: Reason: _____ Denied

Approved for Use Completed Unsuitable-Refer to Alt. System

Sanitarian's Signature _____ Date of Inspection: _____