



**2022 Application**  
**Existing System Evaluation (Real Estate Transfer/Refinance)**  
**Antrim and Emmet Counties**

- Real Estate Transfer/Refinance \*\* - \$336      \*\* Complete checklist at bottom of page.
- Water Sample Collection Only - \$125  
 (If using State Lab, add additional \$10 for mailing.)
- MDARD Review (onsite well/septic) \*\* - \$330  
 (MDARD referral form must accompany application)

FOR DEPARTMENT USE	
Fee	_____
Application #	_____
Miss Dig Ticket #	_____
Comp. Date:	_____

**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.**

- Pumper statement from Licensed Waste Hauler for septic tank service (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:** \_\_\_\_\_

