



2024 Application
Existing System Evaluation (Real Estate Transfer/Refinance)
Antrim, Charlevoix, and Emmet Counties

- Short-Term Rental - \$356
- Real Estate Transfer/Refinance ** - \$356 ** Complete checklist at bottom of page.
- Water Sample Collection Only - \$130
(If using State Lab, add additional \$10 for mailing.)
- MDARD Review (onsite well/septic) ** - \$340
(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:** _____

