



2023 Application
Existing System Evaluation (Real Estate Transfer/Refinance)
Otsego County

- Short-Term Rental - \$361
- Real Estate Transfer/Refinance ** - \$361 ** 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) ** - \$350
(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.

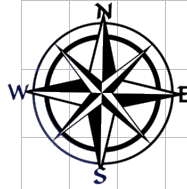
Signature of Owner: _____ **Phone #:** _____ **Date:** _____

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

INCLUDE ON SKETCH (If Known):

1. Property lines/dimensions
2. Location of **ALL** buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) distance to septic/drain field
4. Neighboring well/septic system locations
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 (call Miss Dig **811**)

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 1/2" x 11") Property Survey

Office Locations

<p>Antrim 209 Portage Dr. Bellaire, MI 49615 (231) 533-8670 Fax (231) 533-8450</p>	<p>Charlevoix 220 W. Garfield Charlevoix, MI 49720 (231) 547-6523 Fax (231) 547-6238</p>	<p>Emmet 3434 Harbor-Petoskey Rd., Suite A Harbor Springs, MI 49740 (231) 347-6014 Fax (231) 347-2881</p>	<p>Otsego 95 Livingston Blvd. Gaylord, MI 49735 (989) 732-1794 Fax (989) 732-3285</p>
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FOR HEALTH DEPARTMENT USE ONLY:

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

Receipt #: _____