HEALTH DEPARTMENT of Northwest Michigan

2026 Application
Existing System Evaluation (Real Estate Transfer/Refinance)
Antrim, Charlevoix, and Emmet Counties

☐ Short-Term Rental - $378
☐ Real Estate Transfer/Refinance ** - $378
☐ Water Sample Collection Only - $130
(If using State Lab, add additional $10 for mailing.)
☐ MDARD Review (onsite well/septic) ** - $600
(MDARD referral form must accompany application)

** Complete checklist at bottom of page.

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:_____

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

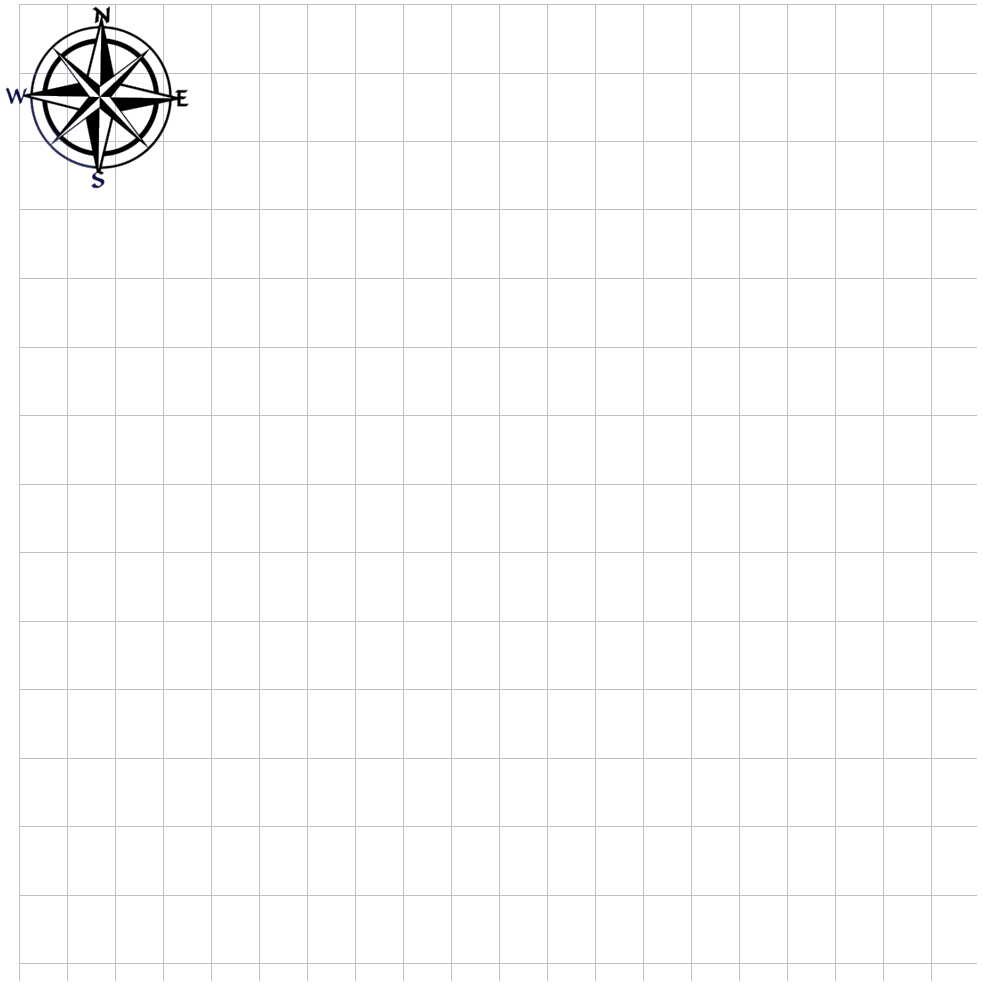
_____

_____

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 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 #:_____