



2023 Application  
Existing System Evaluation (Real Estate Transfer/Refinance)  
Antrim, Charlevoix and Emmet Counties

- ☐ Short-Term Rental - \$346  
☐ Real Estate Transfer/Refinance \*\* - \$346  
☐ Water Sample Collection Only - \$130  
(If using State Lab, add additional \$10 for mailing.)  
☐ MDARD Review (onsite well/septic) \*\* - \$335  
(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: \_\_\_\_\_

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

\_\_\_\_\_

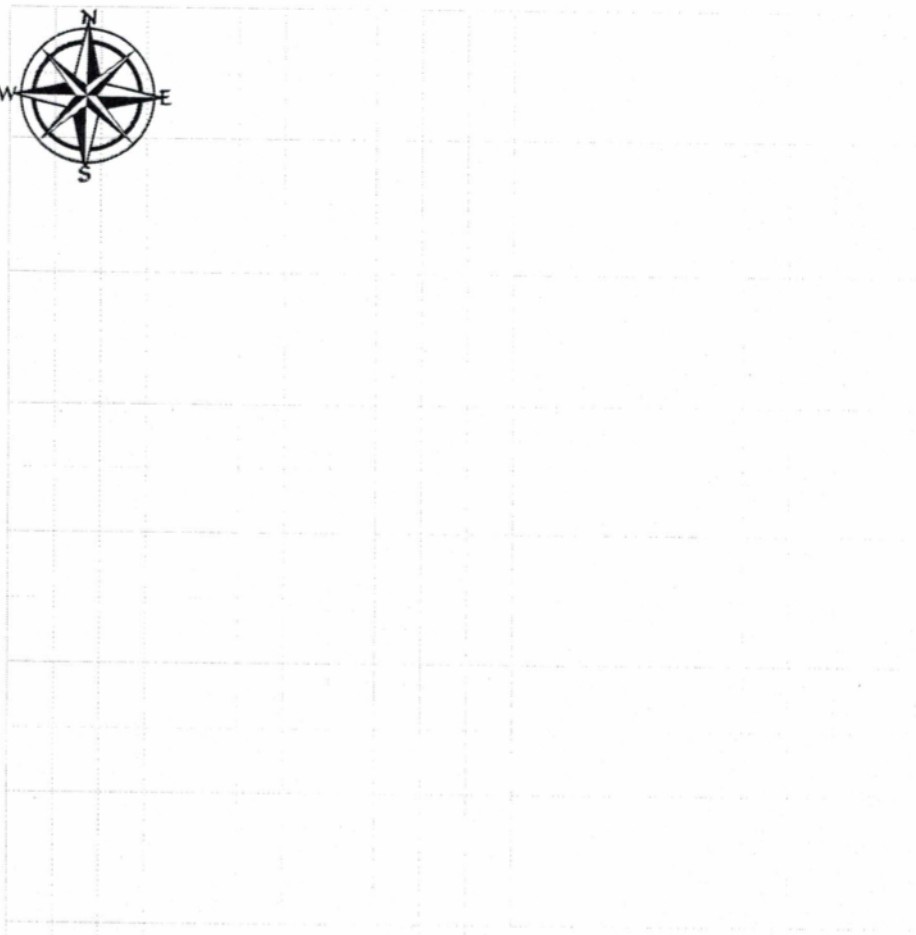
\_\_\_\_\_

**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**

**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) 347-6864

**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 #: \_\_\_\_\_