



# Existing System Evaluation Application Otsego County

- Addition/Remodel \* - \$350
- Successor Building \* - \$350
- Change of Use (Non-Residential Only) - \$350

\* Provide existing and proposed floor plans

- Real Estate Transfer/Refinance \*\* - \$290
  - Water Supply only \*\* - \$195
  - Sewage Disposal only \*\* - \$195
- Water Sample Collection Only - \$110  
(If using State Lab, add additional \$10 for mailing.)

\*\* Complete checklist at bottom of page.

<b>FOR DEPARTMENT USE</b>
Fee _____
Application # _____

### Property Information

County: \_\_\_\_\_

Property Tax ID# (MANDATORY): \_\_\_\_\_ Township: \_\_\_\_\_ Section#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Owner at time sewage/well system was installed, if known: \_\_\_\_\_

Existing Number of bedrooms, including bonus rooms: (Circle one) 1 2 3 4 5 6 7

Proposed Number of bedrooms, including bonus rooms: (Circle one) 1 2 3 4 5 6 7

Property status:  Occupied  Vacant Lockbox code: \_\_\_\_\_

Occupant's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of 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:

- Pumper statement
  - Receipt if pumped in last 5 years
  - If NOT pumped in last 5 years, needs to be pumped prior to evaluation and receipt submitted
- 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/Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

