

Time of Sale or Transfer Exemption Form

www.barryeatonhealth.org

Site Address: _____	City: _____	State: MI	Zip: _____
Township: _____	Section: _____	Parcel I.D # (Required): _____	_____

Current Property Owner: _____ **Phone:** Area Code: (_____) _____ - _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

As owner of the subject parcel, I am requesting that a transfer evaluation **not** be performed as required by the Regulations Governing On-site Sewage and On-site Water Supply System Evaluation and Maintenance Article III, Section 3.2. The following condition(s) exist, which are exempt from the evaluation as per Article V, Section 5.3 of the regulation.

(Check each condition(s), which applies to the subject site.)

- As a condition of sale or transfer, the structure is to be connected to an available public sanitary sewer and/or public water supply within six months of the sale or transfer. (Check the public supply to which the connection will be made and provide utility name.)

Public Water provided by: _____ Public Sewer provided by: _____

If the buyer is responsible for making the connection to service, fill out buyer information below.

Buyer's signature: _____ **Buyer's Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** (_____) _____ - _____

- The sale or transfer is occurring within the first three years after a system's final approval by the Health Department. The use of the system(s) is consistent with the intended use and conditions at the time of permit and final approval. I have referred to the original permit. The system is not in a state of failure, has not been altered after final approval from its original physically constructed form, and is located on the same parcel as is the premise, which the system(s) serve. (check each that apply)

Newly constructed on-site sewage system Newly constructed water supply system

- The sale or transfer is to an immediate family member of the owner.
I, _____ (owner's name) transfer ownership to _____ (relative's name)
(Check relationship of relative to the owner) Mother Father Grandmother Grandfather
 Legal Guardian Sister Brother Son Daughter Grandson Granddaughter.

- A transfer evaluation has occurred within twelve months of the date of sale or transfer, and the pertinent transfer evaluation summary of findings was filed with the Health Department and transfer authorization was issued by the Health Department.

- The premises will not be occupied after the property transfer and will be **demolished**. In addition, no other dwellings can be built on the site until and unless an adequate well and septic system are installed. The existing well must be plugged by a registered well driller and the sewage system closed in accordance with the Sanitary Code within 180 days of the date of this approval. **Demolition will be completed by** (date): _____

Buyer's signature: _____ **Buyer's Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** (_____) _____ - _____

- The site is served by an alternative sewage system as defined in the above regulation and/or a community system and an approved evaluation in accordance with Section 5.2 and Section 7.3 has been submitted within the previous 12 months of the transfer.

All information provided is accurate to the best of my knowledge. I agree to comply with the requirements of the On-site Sewage and On-site Water Supply System Evaluation and Maintenance Regulation including those responsibilities listed in Section 10.1 of that Regulation.

Owner's Signature: _____ **Date:** _____