

## 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.

Connecting to Public Water provided by: \_\_\_\_\_ (Name of utility)

Connecting to Public Sewer provided by: \_\_\_\_\_ (Name of utility)

The  seller or the  buyer (check one only) is responsible to completing the connection. If buyer responsible, **buyer's signature** required here: \_\_\_\_\_

The sale or transfer is occurring within the first three years after final approval by the Health Department. The use of the system(s) is consistent with the intended use and conditions at time of permit and final approval. I have referred to the original permit. The system is not be 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.

Permitted, inspected and approved newly constructed on-site sewage system.

Permitted, inspected and approved newly constructed on-site water supply system.

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 be demolished and will not be occupied after the property transfer. All premises or habitable structures will be demolished. Demolition will be completed by (date): \_\_\_\_\_

Well plugging to be completed by (date): \_\_\_\_\_

Name of Licensed Well Driller to perform plugging: \_\_\_\_\_

Sewage system closure, in accordance with the Sanitary Code, will be completed by (date): \_\_\_\_\_

The  seller or the  buyer (check one only) is responsible for the demolition. If buyer responsible, **Buyer's signature** required here: \_\_\_\_\_

The property transfer is a land contract that was in effect prior to November 1, 2007, effective date of the regulation. A copy of the land contract is provided.

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.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Exemption Approved by: \_\_\_\_\_ Date: \_\_\_\_\_