

ONSITE WATER SUPPLY SYSTEM (OWSS)

Time of Transfer Evaluation Checklist

complete page for each well onsite

Casing diameter: _____ inches

Well Log Available: ☐ Yes ☐ No

In use and produces water: ☐ Yes ☐ No

Additional Wells Onsite: ☐ Yes ☐ No

Well Use: _____

Isolation distances from well to:

Septic Tank: _____ ft.

Drainfield: _____ ft

Surface Water: _____ ft.

Isolated from Contamination: ☐ Yes ☐ No
if yes, type: _____

Well accessible for servicing: ☐ Yes ☐ No

Well subject to flooding: ☐ Yes ☐ No

Wellhead covered (fake rock, etc.): ☐ Yes ☐ No

Yard hydrant: ☐ Yes ☐ No

Shared well: ☐ Yes ☐ No

Fuel Oil Tank Onsite: ☐ Yes ☐ No

Protected suction line: ☐ Yes ☐ No

Used for Irrigation: ☐ Yes ☐ No

If yes, backflow installed: ☐ Yes ☐ No

Flowing well: ☐ Yes ☐ No

If yes, flow contained in casing: ☐ Yes ☐ No

Approved air gap if not contained: ☐ Yes ☐ No

Well Used for Geothermal: ☐ Yes ☐ No

If yes: ☐ Closed Loop ☐ Open Loop

Well Location/Termination:

☐ Above grade: _____ inches above ground

☐ Basement offset

☐ Drained pit

☐ Undrained pit

☐ Dug well

☐ Buried

☐ Not Found

Wellhead/cap:

☐ Structurally sound

☐ Cap Loose

☐ Cap Missing

☐ Damaged

☐ Well Cap: _____

☐ Wellhead: _____

Pressure Tank Location:

☐ Basement

☐ Basement Offset

☐ Buried

☐ Crawlspace

☐ Well House

☐ Well Pit

☐ Other: _____

Sample tap present: ☐ Yes ☐ No

Pressure relief valve installed: ☐ Yes ☐ No

NOTES ON WATER SYSTEM: _____

SITE PLAN

The site plan must be an accurate, top-down representation of the entire property. The plan must include building footprints and all relevant site features, including but not limited to driveways, pools, ponds, streams, and similar features.

The site plan **must**:

- Be drawn to scale or include exact measurements.
- North arrow
- Clearly show either the scale of the drawing or distances to specific relevant points.

Required Measurements for a Well Evaluation

All site plans must include, at a minimum, the following measurements from a dwelling corner or parcel corner:

- Distance to surface water for:
 - All wells
- Distance to the closest lot line for:
 - All wells
- Distance from well to:
 - Closest septic tank (if applicable)
 - Closest drainfield (if applicable)
- Measurements shall be taken **in plan view**, with one measurement parallel and the other **perpendicular (90°)** to the dwelling or property corner (see example drawings):
 - A foundation corner or property corner

Evaluator Observations / Comments / Recommendations

- Based on the information provided in this evaluation report, the Grand Traverse County Environmental Health Division will issue a letter stating whether the onsite water supply system(s) (OWSS) meet the minimum standards for property transfer.
- If significant deficiencies are identified, the property transfer may only occur after required repairs are completed or after a corrective action plan has been approved by the Environmental Health Division and proof of escrow, in an amount equal to one and one-half (1½) times the estimated repair cost, has been submitted.

The observations and recommendations listed above are provided by a Certified Evaluator. The final evaluation determination will be made by the Grand Traverse County Health Department.

Example Site Plans:

