



# 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
- Crawl space
- 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:

