

ONSITE SEWAGE DISPOSAL SYSTEM(OSDS) Time of Transfer Evaluation Checklist

complete page for each system onsite

System Type:

☐ Residential ☐ Commercial
☐ Other: _____

Municipal sewer available: ☐ Yes ☐ No

Municipal water available: ☐ Yes ☐ No

Number of systems present: _____

System services: _____

Type of Septic System:

☐ Stone and Tile ☐ Chambers
☐ Elevated/Mounded ☐ Pressure Mound
☐ Holding Tank(s) ☐ Trenched System
☐ Deep Trench ☐ Block Trench
☐ Drywell/Cesspool
☐ Geotextile Sand Filter
☐ Alternative Treatment System (ATS)
☐ Other: _____

Illicit Discharge Observed: ☐ Yes ☐ No

If yes, discharged to: _____

All plumbing routes to septic: ☐ Yes ☐ No

Backing up into home: ☐ Yes ☐ No

Slow Drainage: ☐ Yes ☐ No

Pump Chamber:

Pump Chamber present: ☐ Yes ☐ No

If yes:

Pump Operational: ☐ Yes ☐ No

Accessible for service: ☐ Yes ☐ No

Alarm present: ☐ Yes ☐ No

Alarm functional: ☐ Yes ☐ No

Number of tanks: _____

Total capacity: _____ gallons

Baffle/sanitary T present: ☐ Yes ☐ No

Baffle/sanitary T in good condition: ☐ Yes ☐ No

If no, explain: _____

Effluent Filter: ☐ Yes ☐ No

Tank in good condition: ☐ Yes ☐ No

Tank lid(s) present: ☐ Yes ☐ No

Risers present: ☐ Yes ☐ No

Lids/Risers in good condition: ☐ Yes ☐ No

Access to tank secure: ☐ Yes ☐ No

Tree roots in tank: ☐ Yes ☐ No

Structure over tank: ☐ Yes ☐ No

Wastewater above baffle: ☐ Yes ☐ No

Thickness of Scum: _____ in.

Thickness of Sludge: _____ in.

Thickness of Effluent: _____ in.

Tank Isolation distances:

Surface Water: _____ ft.

Well: _____ ft.

Lot line: _____ ft

Foundation: _____ ft.

CONTINUE TO NEXT PAGE FOR DISPOSAL AREAS

Septic tank(s):

Disposal Area:

Number of disposal area(s): _____

Approx. bottom area: _____sq ft.

Size of bed: _____ sq. ft.
(_____ ft. X _____ ft.)

Number of trenches: _____
Trench width: _____ ft. Trench length: _____ ft.

Drainfield Mounded: ☐ Yes ☐ No

Standing water in stone: ☐ Yes ☐ No

If yes, above lateral: ☐ Yes ☐ No

Signs of wastewater surfacing: ☐ Yes ☐ No

Tree roots in drainfield: ☐ Yes ☐ No

Signs of heavy traffic on field: ☐ Yes ☐ No

Structure over field: ☐ Yes ☐ No

Depth of cover: _____ in.

Distance between groundwater and bottom of field: _____ in.

Field Isolation distances:

Surface Water:_____ft.

Well: _____ ft.

Lot line: _____ ft

Foundation:_____ft.

NOTES ON SEWAGE SYSTEM:_____

[illegible]

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

All site plans must include, at a minimum, the following measurements from a dwelling corner or parcel corner (see example drawings):

- Distance to surface water for:
 - All wells
 - All septic tanks
 - All drainfields
- Distance to the closest lot line for:
 - All wells (if applicable)
 - All septic tanks
 - All drainfields
- 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).
 - All wells
 - All septic tanks
 - All drainfields

Sewage System Evaluation Requirements

- A minimum number of test holes is required.
- At least one (1) auger outside of the drainfield footprint to determine depth of groundwater.
- At least two (2) augers are required within the drainfield, demonstrating wetness, biomat, or sludge.

The site plan must clearly show the location and conditions of all test holes completed.

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 sewage disposal system(s) (OSDS) 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:

