



Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities



Jennifer Morse, MD, MPH, FAAFP
Medical Director

Steve Hall, RS, MS
Health Officer

Time of Transfer Application for Inspection Report Review

Property Inspected

Street:	City:	Zip:
Township:	Tax ID:	
Residential number of bedrooms:	Commercial gallons per day:	
Date of inspection:	Inspector:	

Owner Information

Name:			
Street:	City:	Zip:	State:
Owner Phone:	Owner Email:		
Mailing address if different from above:			

Who does the report review results go to? _____

Send results via: Mail Email

Email or Mail address if different from above: _____

Include all of the following:

Well Inspection		Septic Inspection	
<input type="checkbox"/>	TOT inspection checklist	<input type="checkbox"/>	TOT inspection checklist
<input type="checkbox"/>	TOT site plan	<input type="checkbox"/>	TOT site plan
<input type="checkbox"/>	Water sample results	<input type="checkbox"/>	Septic tank pump record
<input type="checkbox"/>	Well permit (if available)	<input type="checkbox"/>	Septic permit (if available)
<input type="checkbox"/>	Water well log (if available)	<input type="checkbox"/>	Final Inspection (if available)
<input type="checkbox"/>	Required photos	<input type="checkbox"/>	Required photos

Time of Transfer Report/Checklist Review fee payable to CMDHD

This application must be submitted with each completed inspection report/checklist.

Please visit us at our website www.cmdhd.org