



Jackson County Health Department

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Commercial/Industrial/Food Service Facility Checklist

INCOMPLETE FORMS WILL NOT BE ACCEPTED. PLEASE TAKE THE TIME TO ANSWER ALL QUESTIONS

Prior to the issuance of water well or sewage disposal permit for new construction or an addition at a commercial or industrial building site, the following checklist must be completed and submitted to the Jackson County Health Department.

Facility Name _____

Facility Location _____

Facility City, Zip _____

Township, Section # _____

Contact Person _____ Phone No. _____

Check One

Yes No

___ ___ Facility will serve drinking water to 25 or more persons at least 60 days of the year.

___ ___ Facility will serve drinking water to the SAME 25 or more persons at least 60 days of the year. (i.e. an office building, strip mall, manufacturing facility, etc.)

___ ___ This facility will be serviced by municipal sewer.

___ ___ This facility will pump 100,000 gallons or more of groundwater each day.

___ ___ Facility will provide a drinking fountain for the public.

___ ___ Soil borings (perc tests) have been conducted in the area of the proposed drainage beds.

___ ___ Soil borings (perc tests) were conducted prior to 1992.

___ ___ Facility will generate over 10,000 gal. of sewage/day.

___ ___ Facility will generate over 1,000 gal. of sewage/day. *If facility generates over 1,000 gal. of sewage/day, then the sewage disposal system must be designed by an engineer.

___ ___ Engineer has designed sewage disposal system.

___ ___ Floor drains will be located in production areas, food preparation, chemical use areas, or chemical storage areas.

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Combination fixture..... _____ x 4 = _____ gpm
 Lavatory..... _____ x 2 = _____ gpm
 Bathtub, or tub/shower combination..... _____ x 4 = _____ gpm
 Bidet..... _____ x 2 = _____ gpm
 Shower..... _____ x 3 = _____ gpm
 Drinking fountain..... _____ x .75 = _____ gpm
 Hose bibb or yard hydrant, ½ “ connection..... _____ x 3 = _____ gpm
 5/8” connection..... _____ x 5 = _____ gpm
 3/4” connection..... _____ x 10 = _____ gpm
 Washing machine, ½” connection..... _____ x 3 = _____ gpm
 5/8” connection..... _____ x 5 = _____ gpm
 3/4” connection..... _____ x 10 = _____ gpm
 Laundry tray..... _____ x 4 = _____ gpm
 Lawn sprinkler, per sprinkler head..... _____ x 5 = _____ gpm
 Auto washing, hand spray type..... _____ x 5 = _____ gpm
 Water softener regeneration..... _____ x 7 = _____ gpm
 Dental unit..... _____ x 1 = _____ gpm
 Dental lavatory..... _____ x 2 = _____ gpm
 Garbage disposal, domestic..... _____ x 3 = _____ gpm
 Commercial..... _____ x 5 = _____ gpm
 Kitchen sink, small..... _____ x 6 = _____ gpm
 Large..... _____ x 8 = _____ gpm
 Spray rinse, hand operated..... _____ x 4 = _____ gpm
 Ice machine..... _____ x 2 = _____ gpm
 Ice cream machine..... _____ x 2 = _____ gpm
 Ice cream dipper well..... _____ x 2 = _____ gpm

Glass filling unit....._____ x 2 = _____ gpm

Hot chocolate unit....._____ x .5 = _____ gpm

Coffee urn....._____ x .5 = _____ gpm

Dishwasher, residential....._____ x 2.75 = _____ gpm

Commercial.....Use flow indicated in
NSF food service equipment listing.

Appendix A: “For Food Establishments Only”

_____ Total number of employees

_____ Total number of seats

_____ Total estimated number of seat turnovers per day

_____ Total number of sinks (including hand wash, lavatory, and prep)

_____ Total number of toilets

_____ Total number of urinals