



Jackson County Health Department

1715 Lansing Avenue • Ste. 221 • Jackson, Michigan 49202

Phone (517) 788-4433

Fax (517) 788-4616

Application Addendum- EXISTING WASTEWATER SYSTEM EVALUATION OR REPLACEMENT

SITE IDENTIFICATION

Township: _____ Address: _____ Age of House: _____

SEWAGE DISPOSAL INFORMATION

1. Approximate age of existing septic system: _____ Unknown
2. Size of existing septic tank (in gallons): _____ Unknown
3. Size of existing drainfield: _____ Unknown
4. Design of existing system: Bed Trench Drywell
 Engineered Design- Type: _____
 Other _____
5. Location of septic system: _____
6. Date of most recent septic tank pumping (MM/DD/YYYY): _____
Frequency of pumping in past: _____
7. Date of any previous repairs to the system: _____
If repaired, in what way? _____
8. Does water softener or sump pump water discharge to the septic system? Yes No Unknown
9. Does all wastewater (including laundry) discharge to the septic system? Yes No Unknown
10. Is there an unused area available on the property for a new drainfield? Yes No Unknown
11. What problems, if any, have been experienced with the existing system?

I hereby attest that the information contained herein is accurate to the best of my knowledge.

Customer Signature: _____ Date: _____

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Accounting
788-4487

Environmental Health Division
788-4433

Health Education
788-4655

Personal & Preventative
Health
788-4412