



# Jackson County Health Department

1715 Lansing Avenue, Ste. 221 • Jackson, Michigan 49202 • (517) 788-4433 • FAX (517) 788-4616

## WATER WELL REQUIREMENTS

In order for us to grant final approval on your new well, we will need to have the following:

1. **Prior notification of on-site drilling** from your well driller
2. **Prior notification of pump setting** from pump installer or homeowner
3. **Proper well location and construction** in accordance with Michigan Water Well Construction and Pump Installation Code
4. A **well log** completed by your well driller and sent into us within 60 days of completion
5. A **pump record** completed by either your well driller, pump installer, or homeowner and sent into us within 60 days upon completion
6. Proof of a **safe coliform bacteria water sample** done by a State Certified Drinking Water Laboratory and received by us.
7. A **well abandonment log** from your driller or homeowner within 60 days of completion  
This is required **only** if you are replacing your old well

Please feel free to call our office at (517) 788-4433 or fax us at (517) 788-4616 if you have any questions. Please include your **NAME, ADDRESS AND PERMIT NUMBER** when calling.

Failure to comply with the above requirements will affect your certificate of occupancy.

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“Equal Opportunity Employer”

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**Accounting**  
788-4487

**Environmental Health Division**  
788-4433

**Health Education**  
788-4655

**Personal & Preventative Health**  
788-4412