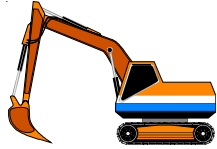


**JACKSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**
1715 LANSING AVENUE, SUITE 221
Jackson, MI 49202
Telephone: 517-788-4433
Fax: 788-4616



JCHD USE ONLY

Date Received: _____
 Receipt # _____ Amt: _____
 Cash Check - Check# _____
 Permit # _____
 () Residential () Type II () Type III



APPLICATION FOR
 () WELL PERMIT
 () SEWAGE SYSTEM PERMIT



LOCATION OF PROPERTY

Address: _____ Township: _____ Section #: _____
 Side of Road: N S E W Subdivision: _____ Lot #: _____
 Closest Address / nearest cross road: _____
 Property Tax Identification #: _____ / _____ / _____ / _____ / _____ / _____
 See lower left of your tax statement: (I.E.: 000-07-23-426-00100)
 Proposed Well Driller: _____ Proposed Sewage Installer: _____

OWNER / APPLICANT INFORMATION

Name of Owner: _____ Daytime Phone: _____
 Mailing Address: _____
 City State Zip
 Name of Applicant: _____ Daytime Phone: _____
 Mailing Address: _____
 City State Zip
 Have there been any environmental changes since the approved site evaluation? () NO () YES
Signature: _____ () Owner () Agent Date: _____

BUILDING INFORMATION

() New () Repair No. of Bedrooms: _____ No. of Square Feet: _____
 () Single Family () Two-Family () Mobile Home*
 () Commercial (describe): _____

FEE INFORMATION

Make checks payable to: **Jackson County Health Department**

Residential		Commercial	
Well	\$148**	*Type II Well	\$420**
Sewage System	\$195	*Type III Well	\$215**
Total:	\$343	Sewage System	\$375

*Water supplies that serve at least 25 people a day for 60 days a year are Type II. Smaller public supplies are Type III.
 **Above charges do not include cost of water testing following new installation.