



ENVIRONMENTAL HEALTH DIVISION

1715 Lansing Ave, Room 001
Jackson, MI 49202

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JCHD USE ONLY

Date Received: _____

Receipt # _____ Amt: _____

Cash Charge Check - Check# _____

Permit # _____

APPLICATION FOR

WELL SITE EVALUATION

SEWAGE SOIL EVALUATION*

WELL PERMIT

SEWAGE SYSTEM PERMIT

RAW LAND

LOCATION OF PROPERTY

Address: _____ Township: _____ Section #: _____

Side of Road: N S E W Subdivision: _____ Lot #: _____

Closest Address / nearest cross road: _____

Property Tax Identification #: 38 / / / / / / / /

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: _____
Address City State Zipcode

Email Address: _____ Fax Number: _____

Name of Applicant: _____ Daytime Phone: _____

Mailing Address: _____
Address City State Zipcode

Email Address: _____ Fax Number: _____

BUILDING INFORMATION

New Repair/Replacement No. of Bedrooms: _____

Single Family Irrigation Two-Family Mobile Home

Commercial/Non-Residential (describe): _____

FEE INFORMATION

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

Site/Soil Evaluation

Well \$130
Sewage* \$230
Well & Sewage* \$315
Commercial \$420
Raw Land \$245

Residential (Permit)

Well Permit \$315**
Sewage System Permit \$395
Total: \$710

Commercial (Permit)

*Type II Well \$450**
*Type III Well \$420**
Sewage System \$525

**Above charges do not include cost of water testing following new installation.

*Sewage System evaluations must have a backhoe on site, at your expense

SIGNATURE

I hereby make application in good faith for a well and/or sewage system. I give or have secured permission for the Jackson County Health Department to enter the property referenced in this application for the purpose of making an onsite evaluation to determine the suitability of said parcel for construction of an onsite sewage system and/or water supply or to investigate health and/or environmental hazards.

I also hereby verify that this property is not serviced by municipal sanitary sewer and/or water supply system that requires connection.

Signature: _____ Owner Applicant/Agent Date: _____