



**ENVIRONMENTAL HEALTH DIVISION**

1715 Lansing Ave, Room 001  
Jackson, MI 49202

Phone: 517-788-4433  
Fax: 517-788-4616

Email: EHealth@co.jackson.mi.us

**JCHD USE ONLY**

Date Received: \_\_\_\_\_  
Receipt # \_\_\_\_\_ Amt: \_\_\_\_\_  
 Cash  Charge  Check - Check# \_\_\_\_\_  
Permit # \_\_\_\_\_

**APPLICATION FOR**

( ) WELL SITE EVALUATION  
( ) WELL PERMIT

( ) SEWAGE SOIL EVALUATION\*  
( ) 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 \$77  
Sewage\* \$100  
Well & Sewage\* \$161  
Commercial \$225  
Raw Land \$112

**Residential (Permit)**

Well Permit \$151\*\*  
Sewage System Permit \$200  
Total: \$351

**Commercial (Permit)**

\*Type II Well \$429\*\*  
\*Type III Well \$230\*\*  
Sewage System \$383

\*\*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: \_\_\_\_\_