ENVIRONMENTAL HEALTH DIVISION
1715 Lansing Ave, Room 001
Jackson, MI 49202

Phone: 517-788-4433
Fax: 517-788-4616
Email: EHealth@mijackson.org

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 #: _____/_____/_____/_____/_____/_____/_____
See lower left of your tax statement: (I.E.: 000-07-23-426-00100)

Proposed Well Driller: Stewart's, stewarteric6@outlook.com 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		**Residential (Permit)**		**Commercial (Permit)**	
Well	$140	Well Permit	$329	Type II Well	$468
Sewage*	$242	Sewage System Permit	$410	Type III Well	$436
Well & Sewage*	$329	Irrigation Well	$158	Sewage System	$543
Commercial	$436			Irrigation Well	$208
Raw Land	$260				
Irrigation Well	$108				

**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:_____