



**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  
( ) 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 #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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 \$140  
Sewage\* \$242  
Well & Sewage\* \$329  
Commercial \$436  
Raw Land \$260  
Irrigation Well \$108

**Residential (Permit)**

Well Permit \$329  
Sewage System Permit \$410  
Irrigation Well \$158

**Commercial (Permit)**

Type II Well \$468  
Type III Well \$436  
Sewage System \$543  
Irrigation Well \$208

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