

Jackson County Health Department
ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION

Date:

Name:

Address:

City, State, Zip:

Home Phone #:

EMAIL

Cell Phone #:

Location of Septic Site:

911 Address:

Township:

Township #:

N

Range:

E

Section:

Type Construction: New Replace Existing Repair Existing Reconnect

Custom Built Home Modular Mobile Other:

Bedrooms: # Bathrooms: # Jetted Tubs: Garbage Disposal

* Bedroom is defined as 70 sq. ft. or larger with a door, or window for egress, and a closet.

Water Softener

Persons Living in Home:

Basement w/plumbing

Water Supply: Public Water Well Other:

Soil Scientist:

Installer:

Notes:

Signature of Owner / Agent _____

The above signature certifies, by penalty of perjury, that the information given is correct.

The following information must be provided to the Jackson County Health Department before a permit for construction is issued: (received or mailed)

Soil Report _____	Site Assessment _____
Legal Documents _____	House Plans _____
System Specs _____	Site Plan and System Design Plan _____
911 Address _____	Installation Started _____