

Jackson County Department of Public Health

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Application for Environmental Health Services

****Must complete a Land Development Application first****

Office Use Only:

Date Received: _____

Received by: _____

Fee Paid: _____

Receipt#: _____

IP CA WELL REPAIR

SL 2023-90 EOP AOWE

WHAT ARE YOU APPLYING FOR?

- ❖ **SEPTIC:** New System → *Must check one/both:* Improvement Permit Construction Authorization/Operation Permit
OR → S.L. 2023-90 AOWE Engineered Option Permit Other: _____
Existing System → Expansion Re-connect New Repair System Abandonment System Relocation
 Change of Use of Facility – Explain: _____
If applying for a Construction Authorization, please indicate desired system type:
 Any Conventional Accepted Innovative Alternative Other

- ❖ **WELL:** New Well → *Must check one:* Single-Family Shared/Community Non-Residential: _____
 Existing Well → Repair Abandonment Well Relocation Hydro fracture Down Hole Camera

CONTACT INFORMATION

- ❖ **Applicant Information**
Name: _____ Phone Number: _____
Mailing Address: _____
Email Address: _____
- ❖ **Owner Information** or Same as Applicant
Name: _____ Phone Number: _____
Mailing Address: _____
Email Address: _____

PROPERTY INFORMATION

- ❖ **Street Address:** _____ PIN #: _____
Subdivision: _____ Section: _____ Lot #: _____ Acres: _____ Existing Structure? Yes No
If Yes, Describe: _____ Gate Code _____
Date Parcel Originally Deeded and Recorded: _____
Directions to Property: _____
- ❖ **Existing Water Supply:** Municipal Supply Single Family Well Shared Well Spring Public Well None

PROJECT INFORMATION

- ❖ **Facility Type:** House Mobile Home Tiny Home RV Workshop Other _____
Will there be a basement? Yes No Will there be plumbing in the basement? Yes No
Crawlspace? Yes No Slab Foundation? Yes No
Is a grinder pump proposed before the septic tank? Yes No
New Single Family Residence? Yes No # of Bedrooms: _____ Max # Occupants: _____
- ❖ **For Expansions** → Existing # of Bedrooms: _____ Additional # of Bedrooms: _____ Max # Occupants: _____
- ❖ **For Repairs** → # of Bedrooms: _____ Describe Failure: _____
- ❖ **Commercial or 3+ Residential Units:** Purpose of Structure: _____
Max # Employees: _____ **REHS Notes:** _____

Fee: \$ _____

SITE CHARACTERISTICS

❖ Mark if any of the following apply to the property and if so it must be indicated on the plat or site plan.

- Yes No Are there any Easements or Right of Ways on the property?
- Yes No Are there any wells, springs or existing water lines on the property?
- Yes No Does the site contain any jurisdictional wetlands?
- Yes No Are all underground water/utility lines marked? (If not, call 811 for free service)
- Yes No Is any wastewater going to be generated on the site other than domestic sewage?
- Yes No Is the site subject to approval by any other agency?

Applicant must notify Environmental Health of any identified wetlands, of any wastewater generated other than domestic sewage, or whether site is subject to approval by any other public agency.

I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization and/or Well Permit shall be invalid. I understand that the application is valid for one (1) year from the date it is submitted. I understand that the permit is valid for either 60 months (5 years) or without expiration depending upon documentation submitted. (complete site plan= 60 months; complete plat=without expiration). Well Permits are valid for five (5) years from the date issued.

SIGNATURE / AUTHORIZATION

Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules.

- ❖ I understand that I am solely responsible for the proper identification and *labeling of all property lines* and corners and making sure any *undergrowth is cleared* so that the natural topography is clearly visible, the site is accessible and a complete site evaluation can be performed.
- ❖ I have read, completed and understand the *Wastewater and Well Application Checklist* and *Environmental Health General Information*.

I have read this application and certify that the information provided herein is true, complete and correct.

Property Owner or Owner's Legal Representative Signature (Required)
(Must provide documentation to support claim as owner's legal representative)

Date

Applicant's Signature (Required)

Date

DESIGNATION OF OWNER'S LEGAL REPRESENTATIVE FOR ON-SITE WASTEWATER AND PRIVATE WELL

I, _____, hereby grant _____
Owner's Name (Print) Legal Representative's Name (Print)

permission to act as my legal representative in applying for and obtaining an Improvement Permit and/or Construction Authorization and/or Well Permit from Jackson County Environmental Health for PIN# _____.

Owner's Signature (Required)

Date

Telephone

Legal Representative's Signature (Required)

Date

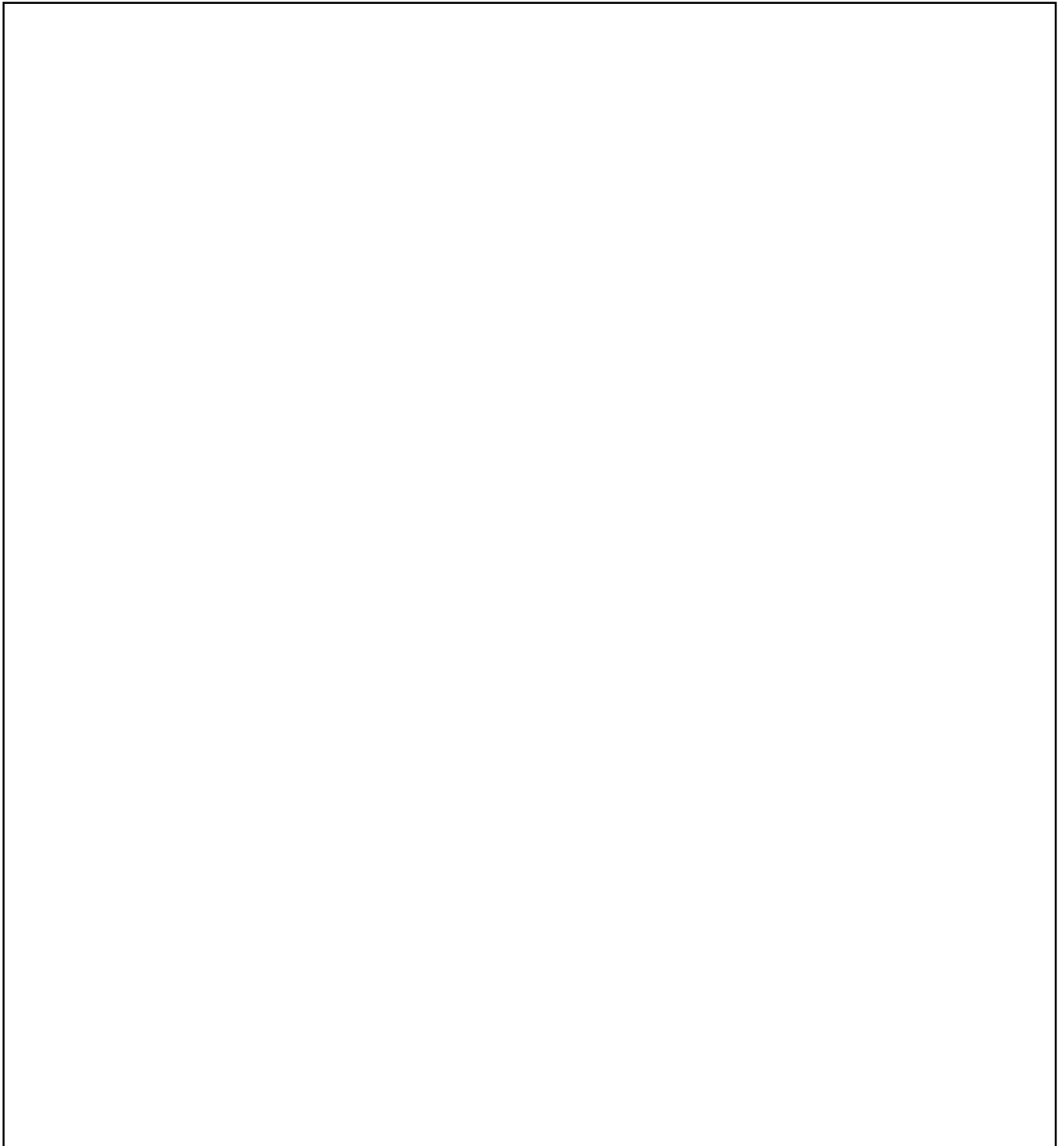
Telephone

Permit Number: _____

SITE PLAN

Please include on this site plan (items can be drawn on the survey):

- dimensions of the property
- existing and proposed facilities, structures, appurtenances, and wastewater systems;
- proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s);
- existing and proposed vehicular traffic areas;
- existing and proposed water supplies, wells, springs, and water lines; and
- surface water, drainage features, and all existing and proposed artificial drainage, as applicable

A large, empty rectangular box with a thin black border, intended for the site plan drawing. It occupies the majority of the lower half of the page.