



Jackson County Health Department

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



WATER WELL REQUIREMENTS

In order for us to grant final approval on your new well, we will need to have the following:

1. **Prior notification of on-site drilling** from your well driller
2. **Prior notification of pump setting** from pump installer or homeowner
3. **Proper well location and construction** in accordance with Michigan Water Well Construction and Pump Installation Code
4. A **well log** completed by your well driller and sent into us within 60 days of completion
5. A **pump record** completed by your well driller, ump installer, or homeowner and sent into us within 60 days upon completion.
6. Proof of a **safe coliform bacteria water sample** done by a State Certified Drinking Water Laboratory and received by us. A list of State Certified Drinking Water Labs is available at:
http://www.michigan.gov/documents/deq/deq-essd-lab-microbiological-lab-list_282417_7.pdf or obtain bottles from the Jackson County Health Department Environmental Health Office
7. A **well abandonment log** from your driller or homeowner within 60 days of completion. This is required **only** if you are replacing your old well.

Please feel free to call our office at (517) 788-4433 or fax us at (517) 788-4616 if you have any questions. Please include your **NAME, ADDRESS, AND PERMIT NUMBER** when calling or submitting information.

Failure to comply with the above requirements will affect your certificate of occupancy (if applicable) and final approval.