

**Jackson-Madison County Regional Health Department  
Environmental Health Section-Groundwater  
804 North Parkway  
Jackson, TN 38305  
Office (731) 423-3020 Fax (731) 927-8603**

**SEPTIC SYSTEM/REPAIR APPLICATION**

**I. Type of Work**

New System \_\_\_ Repair \_\_\_ Modification \_\_\_ Certificate of Verification \_\_\_ Inspection Letter \_\_\_

**II. Owner**

Land Owner \_\_\_\_\_  
Applicant \_\_\_\_\_ Name of Company (if applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business or Home Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**II. Septic System Location**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
How many occupants? \_\_\_\_\_ Number of Bedrooms? \_\_\_\_\_  
In a Subdivision? Yes or No Name of Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Directions to Site \_\_\_\_\_  
Are the lot and house staked? Yes or No  
If not when will the house and lot be staked? \_\_\_\_\_

**IV. Additional Property Information**

Is Public Water Available? Yes or No  
Are there any wells on the property? Yes or No How many? \_\_\_\_\_  
Are the wells Active or Inactive? \_\_\_\_\_  
Were the wells properly closed? Yes No Unknown  
Amount of Water Used Monthly? \_\_\_\_\_ Water Supply: Public / Well / Spring (Circle one)  
How many acres? \_\_\_\_\_ Excavated Basement? Yes or No Basement  
Plumbing Fixtures? Yes or No  
Name of Installer? (If Known) \_\_\_\_\_

**SEPTIC SYSTEM/REPAIR APPLICATION (Continued)**

The following must be submitted in order to process the permit:

- 1) The permit application must be filled out and submitted to the Jackson-Madison County Regional Health Department (JMCRHD)-Environmental Health Section-Groundwater prior to construction or repair or other services.
- 2) A Septic System Permit fee of \$500.00 (\$400.00 Permit Fee; Plus \$100.00 Inspection Fee) or a Septic System Construction Inspection Fee for Repair (Repair \$100.00) must accompany the permit application. **All fees due in advance and are non-refundable.**
- 3) Upon soil evaluation, if soils are found to be questionable or inadequate, a high intensity soil map may be required for your lot. Be aware, that the permitting process will only proceed after the soil map has been received if it is requested by the Environmentalist.
- 4) The owner as well as the septic tank installer agrees to comply with all State of Tennessee Regulations to govern Subsurface Sewage Disposal Systems (SSDS) as well as regulations of the Madison County Board of Health Regulations to Control Human Excreta, Sewage, and Water-Carried Household wastes in Madison County.
- 5) All applicable fees as well as the paperwork submitted must be accurate as outlined in the regulations. By signing this application the owner and installer adhere to comply with all of the regulatory requirements outlined by the regulations governing SSDS by the State of Tennessee and Madison County Board of Health and that the information is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Date Application Received \_\_\_\_\_  
Approved \_\_\_\_\_ Denial \_\_\_\_\_ Date \_\_\_\_\_  
Date Soil Map Received if Required \_\_\_\_\_  
Conditions \_\_\_\_\_  
Date Fees Received \_\_\_\_\_  
Departmental Signature \_\_\_\_\_