



**IF THE INFORMATION IN THE APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN A PERMIT MAY BECOME INVALID.** Onsite wastewater permits are valid for five (5) years from the date the Improvement Permit is issued. Well permits are valid for five (5) years from the date issued. 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 have read this application and certify that the information provided herein is true, complete and correct. 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 the site accessible so that a complete site evaluation can be performed. I have read, completed and understand the Wastewater and Well Application Checklist and Environmental Health General Information.

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

\_\_\_\_\_  
**Date**

**LEGAL REPRESENTATIVE DESIGNATION ON-SITE WASTEWATER AND PRIVATE WELL**

Date: \_\_\_\_\_

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

Permission to act as my legal representative in applying for and obtaining, from Jackson County Environmental Health, an Improvement Permit and/or Construction Authorization and/or Well Permit on my property located at:

Address	_____		Parcel #	_____	
Subdivision	_____	Lot #	_____	Section #	_____

\_\_\_\_\_  
**Owner's Signature (Required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Legal Representative's Signature (Required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone**

<i>Office Use Only:</i>	
Date Received: _____	Received by: _____
Fee Paid: _____	Receipt#: _____