



Jackson County Health Department

Creating Healthy Communities

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



Commercial/Industrial/Food Service Facility Checklist

Prior to the issuance of a water well or sewage disposal permit for new construction or an addition at a commercial or industrial building site, the following checklist must be completed and submitted to the Jackson County Health Department.

Facility Name _____

Facility Location _____

Facility City, Zip _____

Township, Section # _____

Contact Person _____ Phone No. _____

Check One

Yes No

___ ___ Facility will serve drinking water to 25 or more persons at least 60 days of the year.

___ ___ Facility will provide a drinking fountain for the public.

___ ___ Soil borings (perc tests) have been conducted in the area of the proposed drainage beds.

___ ___ Soil borings (perc tests) were conducted prior to 1992.

___ ___ Facility will generate over 10,000 gal. of sewage/day.

___ ___ Facility will generate over 1,000 gal. of sewage/day. *If facility generates over 1,000 gal. of sewage/day, then the sewage disposal system must be designed by an engineer.

___ ___ Engineer has designed sewage disposal system.

___ ___ Floor drains will be located in production areas, food preparation, chemical use areas or chemical storage areas.



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Yes

No

- Facility will use underground storage tanks (UST's) for fuel or chemical storage purposes – capacity of tanks to be greater than 1,000 gal.
- Facility will use or store one or more materials listed on the Michigan Critical Materials Resister (CMR).
- Facility will use or store chemicals not on the CMR.
- Chemical storage area consists of a curbed concrete containment area.
- Facility will generate a hazardous waste.
- Facility will generate between ½ and 5 – 55 gal. drums (100 – 1,000 Kilograms) of hazardous waste per month.
- Storm drains located less than 50 feet from proposed sewage disposal system.

Facility will be used for (general statement). _____

The above checklist has been filled out completely and to the best of my knowledge is accurate.

Signed _____

(Name)

(Date)

Appendix A: “For Food Establishments Only”

- _____ Total number of employees
- _____ Total number of seats
- _____ Total estimated number of seat turnovers per day
- _____ Total number of sinks (including hand wash, lavatory, and prep)
- _____ Total number of toilets
- _____ Total number of urinals

WATER FIXTURE VALUE WORKSHEET

If the first two items on the previous sheet are marked YES, the facility is considered a Type II public water supply, as defined by Act 399, P.A. 1976. A properly designed water supply system should deliver



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water at the desired quantity, quality and pressure to any outlet on the system during the periods of heaviest use.

In order to calculate peak water demand, please list below the type of and total number of water fixtures located in the facility. Example: hose bib connections, hand sinks, urinals, toilets (Sloan valve or tank type).

| | <u>Water Fixture Type</u> | <u>Total Number</u> |
|-----|---------------------------|---------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 10) | | |