



# JO DAVIESS COUNTY HEALTH DEPARTMENT

9483 US RT. 20 WEST • P. O. BOX 318 • GALENA, ILLINOIS 61036 • (815) 777-0263

## REQUEST FOR SANITARY EVALUATION

PROPERTY ADDRESS \_\_\_\_\_

City \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Original Owner's Name \_\_\_\_\_

Year House Built \_\_\_\_\_ Is this house currently licensed/seeking license for Guest Accommodations? Y / N

Number of Bedrooms \_\_\_\_\_ Garbage Disposal Y / N

Applicant \_\_\_\_\_ Contact for Scheduling \_\_\_\_\_

Preferred Septic Pumping Contractor \_\_\_\_\_

Current Owner \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Seller's Agent \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Buyer \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Buyer's Agent \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Include email address if report is to be emailed. Report will be mailed to Applicant unless otherwise noted. It is the responsibility of the applicant or their realtor to share the report with all other parties.

### 1. SEPTIC SYSTEM EVALUATION

**FEE \$150.00**

SEPTIC SYSTEM AGE \_\_\_\_\_

DATE REPAIRED \_\_\_\_\_

DATE TANK LAST PUMPED \_\_\_\_\_

(ATTACH REPORT if available)

RECENT OCCUPANCY: FULL-TIME \_\_\_\_\_

PART-TIME \_\_\_\_\_

VACANT \_\_\_\_\_

IF VACANT,  
FOR HOW LONG? \_\_\_\_\_

If the building has been vacant, the shock load test may not be effective in determining the ability of the drainfield to accept effluent.

### 2. WELL EVALUATION PRIVATE \_\_\_\_\_ SEMI-PRIVATE \_\_\_\_\_

**FEE \$150.00**

Location of Well \_\_\_\_\_

Water samples are sent to IDPH lab in Chicago. Results take up to 7 business days to be received by Health Department.

Notes \_\_\_\_\_

OVER →

For Office Use

Date Paid \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Ck # \_\_\_\_\_ By \_\_\_\_\_

Please note:

1. The fee for this service is payable in advance to **Jo Daviess County Health Department**.
2. It is the responsibility of the applicant to ensure that the property owner or an authorized agent is present at the scheduled time.
3. The septic tank inlet and outlet access must be uncovered and baffles exposed before the evaluation to allow for septic tank and baffle inspection.
4. The septic tank must be full to complete the evaluation and shall not be pumped prior to the evaluation.
5. The septic tank must be pumped by a licensed septic pumping contractor after the evaluation is complete.
6. If the inspection cannot be completed for any reason, a \$50 call back fee will be required to return to the site to complete the evaluation.
7. The evaluation report requires up to five working days to complete.

Seller Signature \_\_\_\_\_ Date \_\_\_\_\_

Seller Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

At least one signature required.