



Public Health
Prevent. Promote. Protect.

JO DAVIESS COUNTY HEALTH DEPARTMENT

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

REQUEST FOR SANITARY EVALUATION

ADDRESS OF PROPERTY _____

Property Owner/Occupant _____

City _____ Township _____ Section _____

Subdivision _____ Lot _____

Year House Built _____ Original Owner's Name _____

Number of Bedrooms _____ Is this house going to be put on rental program? _____

Evaluation Requested By _____ Date Requested _____

Who to Contact to Make Appointment _____

Realtor _____ Agency _____ Phone _____

Address _____ **Email** _____

_____ Fax _____

Buyer _____ **Email** _____

Address _____ Phone _____

Include email address if report is to be emailed. Report will be mailed to Applicant and Realtor unless otherwise noted. Only 2 copies will be mailed. It is the responsibility of the applicant or their realtor to share the report with all other parties.

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1. **SEPTIC SYSTEM EVALUATION**

FEE \$150.00

SEPTIC SYSTEM AGE _____

DATE REPAIRED _____

DATE TANK LAST PUMPED _____

(ATTACH REPORT if available)

IF VACANT,

RECENT OCCUPANCY: FULL-TIME _____

PART-TIME _____

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.

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2. **WELL EVALUATION**

PRIVATE _____

SEMI-PRIVATE _____

FEE \$150.00

Location of Well _____

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

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OVER →

Date Paid _____ Total Fee \$ _____ Ck # _____

I understand:

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 evaluation report requires up to five working days to complete.
4. I must ensure the septic tank inlet and outlet accesses are uncovered and baffles exposed before the evaluation to allow septic tank and baffle inspection.
5. I shall not pump the septic tank prior to the evaluation.
6. After the evaluation is complete, the septic tank must be pumped by a licensed septic pumping contractor. The Health Department shall be provided a report verifying the condition of the septic tank. The final evaluation report will not be released from the Health Department until the pumping report is received.
7. 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.

Signature _____ Date _____