

JO DAVIESS COUNTY HEALTH DEPARTMENT  
Division of Environmental Health  
9483 Rt. 20 W. P.O. Box 318 Galena, IL 61036  
Phone (815) 777-0283 FAX (815) 777-2977

**REQUEST FOR MORTGAGE / LOAN 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 \_\_\_\_\_

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Report will be mailed to Applicant and Realtor unless otherwise noted. Include email address if report is to be emailed. 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 that:

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 \_\_\_\_\_