



**Public Health**  
Prevent. Promote. Protect.

# Hancock County Health Department

671 Wabash Avenue ~ Carthage, IL 62321

217-357-2171 ~ 1-800-422-8218

Fax 217-357-3562

## REQUEST FOR EVALUATION OF SEPTIC SYSTEM AND/OR WATER SYSTEM FOR REAL ESTATE TRANSACTION

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

Requested By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requestor Is The:  Buyer  Seller  Financial Institution  Real Estate Agent

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Property Information:

1. Type of Septic System: \_\_\_\_\_
2. Location Of Septic System: **(Sketch on back of form)** \_\_\_\_\_
3. Type Of Well (**Circle One**) DUG DRILLED BORED DRIVEN Date Drilled: \_\_\_\_\_
4. Location Of Pump, Pressure Tank And Other Components Of Well: \_\_\_\_\_
5. Address Of Property: \_\_\_\_\_ City: \_\_\_\_\_
6. Directions To Property: \_\_\_\_\_

PLEASE INITIAL TYPE OF INSPECTION/EVALUATION REQUESTED: (Please initial one choice)

- \$250.00** Septic System and Well Inspection. This includes 2 site visits, dye for septic system, water test for bacteria and nitrates.
- \$225.00** Septic System Only. This includes 2 site visits, dye for septic system.
- \$125.00** Well Only. This includes 1 site visit, water test for bacteria and nitrates.

Owner please initial each of the following:

1. All information on this form has been provided.
2. A check for amount initialed above must accompany this form.
3. These inspections will be conducted only after consulting Environmental Health Staff schedules and will be started on Mondays and Wednesdays only (due to lab restrictions). This process may take 2-3 weeks. Longer if violations found on property.
4. Any violations found on the property must be corrected even if property is not sold.
5. Each additional water test(s) needed will be \$25.00 paid prior to sampling.
6. I give my permission for the agent of the HCHD to be on the property to conduct this evaluation and subsequent follow-up inspections.

I am the owner of the property and have read and initialed the guidelines above.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_