



To: Homeowners/Realtors
From: Environmental Health Division, Bureau/Putnam/Marshall County Health Department
Subject: Sewage Disposal System and/or Well Evaluation

****Please Note: This department will not schedule evaluations until request form and fee are received. ****

An evaluation of your sewage disposal system and/or well has been requested. In order to complete this inspection, it is sometimes necessary for the entire top of the septic tank to be exposed. The following is a step by step procedure for readying your system for inspection.

1. Locate the septic tank: Go to the basement or crawl space and determine which direction the sewer pipe exits the house. The tank can often be located by probing the yard with a stiff metal rod. Usually the top of the tank is fairly shallow, 12” to 24”.
2. Uncover the septic tank: **(THE INLET AND OUTLET LIDS MUST BE UNCOVERED AND REMOVED.**) *(See illustration #1). If the tank is an older model, the clean-out manhole must be removed. *(See illustration #2). If your septic tank does not have any portholes or manholes, please call the Health Department for further guidance. When uncovering the septic tank, it is usually easier to remove all the dirt from the top of tank. **DO NOT PUMP THE TANK BEFORE THE EVALUATION.**
3. Contact the Health Department: Once the tank is ready, it will be necessary for someone to telephone this office to set up the evaluation date. Well and/or sewage disposal system evaluations are usually conducted on Mondays and Tuesdays. Someone must be present to give Health Department personnel access into the house. Provisions must be made to have the water running inside the house for evaluation of sewage system and well sampling purposes.

If you any questions, please contact this office.

*(See reverse side for illustrations)

INTERPRETATION OF THE SURVEY

The Bureau/Putnam/Marshall County Health Department evaluation will result in a statement as to the conditions of the sewage disposal system and/or well at the time of the survey. The survey report shall also indicate the status of the sewage disposal system and/or well as it relates to current rules and regulations. The Bureau/Putnam/Marshall County Health Department does not guarantee any system, nor does the survey or permit process result in any general, or implied, warranty for the use of the sewage disposal system and/or well.

Bureau County HD
526 Bureau Valley Pkwy
Princeton, IL 61356
815-872-5091

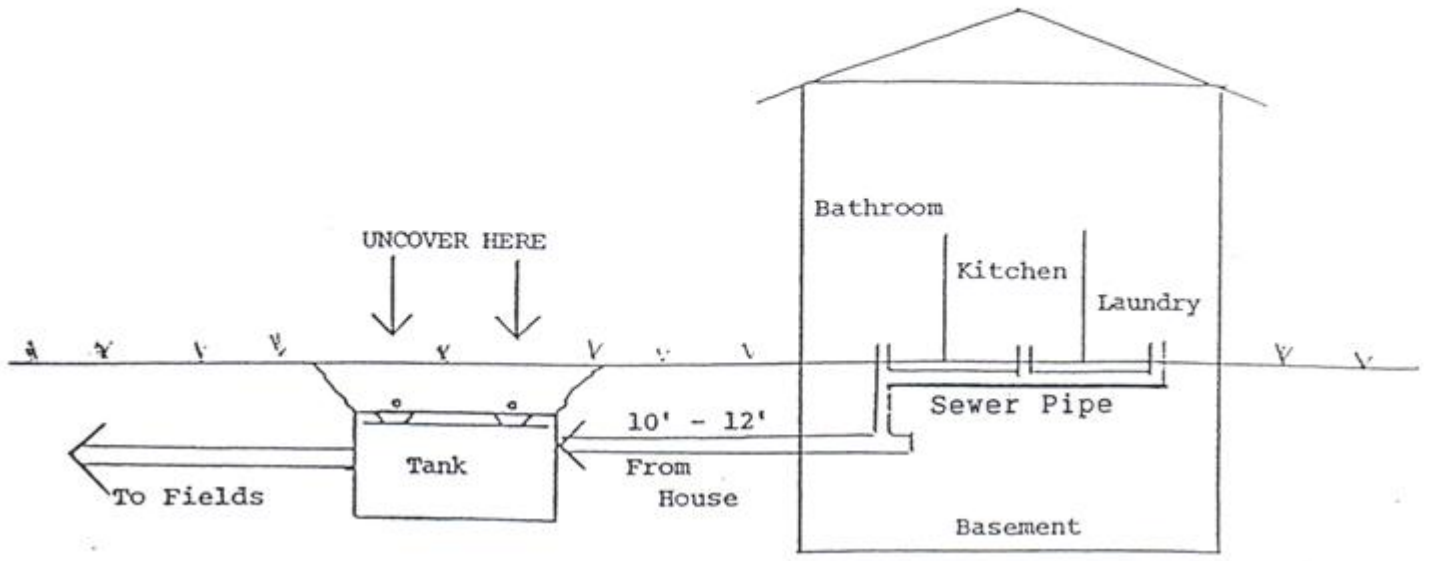
Putnam County HD
220 E High Street, Suite 101
Hennepin, IL 61327
815-925-7326

Marshall County HD
319 6th Street
Lacon, IL 61540
309-246-8074



Public Health
Prevent. Promote. Protect.

ILLUSTRATION #1





REQUEST FOR REAL ESTATE EVALUATION OF SEWAGE AND/OR WATER WELL

I, _____ request the Bureau/Putnam/Marshall County Health Department to conduct a survey on the sewage disposal system and/or well on the property listed below.

THIS FORM AND FEE MUST BE SUBMITTED PRIOR TO SCHEDULING EVALUATION

Owner's Name:		
Contact's Name(if Different) & Daytime Phone #:		
Property Address:		
Property Location:	<input type="checkbox"/> Bureau County <input type="checkbox"/> Marshall County <input type="checkbox"/> Putnam County	Property ID # _____ Age of Building/Year Built if Known _____
Directions to Site:		
Former Owners Name:		
Type of Survey Requested:	Real-Estate Evaluation *Sewage Disposal System . . . \$100.00 _____ Additional visits to the property: \$50 *Well Evaluation \$100.00 _____ *Sewage Disposal System & Water Well Evaluation Including Water Sample . . . \$200.00 _____ *Feasibility Letter.....\$25.00 _____	
Water Supply:	Public(City) _____, Private_____, Semi-private_____=number on well _____	
Type of Well:	Drilled_____, Bored_____, Driven/Sandpoint_____, Dug_____	
Septic System:	Public(City)Sewer_____, Private Septic System_____	
Type of Septic System:		
Approximate Age of System:		
Number of Bedrooms:	_____	
Number of Months Vacant:		
Name and Address to Send Report to:	Name: Address:	

Permission is hereby granted to conduct a dye test on the sewage disposal system and/or collect a water sample for laboratory analysis. I attest I am authorized to grant access to this property for the purpose(s) stated above.

Requestor's Signature _____
Phone #

****PLEASE NOTE:** Fees submitted for evaluations are **non-refundable**. If our personnel must make a return visit because the septic tank(s) lids have **not been uncovered, an additional \$50.00 fee will be charged**. If additional water samples are necessary, a fee of \$30.00 / sample is required.

- *TIME REQUIREMENT***
1. This application must be received by this Department a **minimum of seven (7) days prior** to the requested evaluation date.
 2. Upon completion of the evaluation, **a minimum of fourteen (14) days** are required for processing of all necessary samples and paperwork.
 3. **Evaluations will only be conducted on Mondays and Tuesdays, if water sample is taken.**