



# SEWAGE AND WELL INSPECTION REQUEST FORM

McDonough County Health Department  
505 East Jackson  
Macomb, IL 61455  
(309) 837-9951 FAX (309) 837-1100 E-mail mchd@mchdept.com

REQUESTOR IS: \_\_\_\_\_ BUYER \_\_\_\_\_ SELLER \_\_\_\_\_ LENDER \_\_\_\_\_ REALTOR

OWNER NAME \_\_\_\_\_  
OWNER ADDRESS \_\_\_\_\_  
OWNER TELEPHONE \_\_\_\_\_

BUYER NAME \_\_\_\_\_  
BUYER ADDRESS \_\_\_\_\_  
BUYER TELEPHONE \_\_\_\_\_

REAL ESTATE AGENCY \_\_\_\_\_  
AGENT NAME \_\_\_\_\_  
AGENCY ADDRESS \_\_\_\_\_  
AGENCY TELEPHONE \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
AGENCY ADDRESS \_\_\_\_\_  
AGENCY TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS OF PROPERTY TO BE INSPECTED \_\_\_\_\_

DIRECTIONS TO SITE \_\_\_\_\_

PLEASE CHECK APPROPRIATE LINE:

- REQUEST FOR SEWAGE CHECK, WELL INSPECTION, WATER SAMPLE - \$300.00  
 REQUEST FOR SEWAGE CHECK - \$150.00  
 REQUEST FOR WELL INSPECTION AND WATER SAMPLE - \$150.00  
 WATER SAMPLE ONLY - \$25.00

I \_\_\_\_\_ owner of the aforementioned property, consent to the performance of the sewage check and/or well inspection and water sample collection as identified above. I also consent to the release of all information obtained by the McDonough County Health Department regarding the sewage disposal system, water well(s), and water supply system(s), and the water analysis results to the parties listed above.

\_\_\_\_\_  
**Signature of Owner**