



## SEWAGE AND WELL INSPECTION REQUEST FORM

DATE: \_\_\_\_\_

McDonough County Health Department

505 E. Jackson St.

Macomb, IL 61455

Phone: 309-837-9951

FAX: 309-837-1100

Email: mchd@mchdept.com

TOWNSHIP: \_\_\_\_\_

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

OWNER NAME \_\_\_\_\_

OWNER MAILING ADDRESS \_\_\_\_\_

OWNER TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUYER NAME \_\_\_\_\_

BUYER ADDRESS \_\_\_\_\_

BUYER TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

REAL ESTATE AGENCY \_\_\_\_\_

AGENT NAME \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

AGENCY TELEPHONE \_\_\_\_\_ E-MAIL OR FAX \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

AGENCY TELEPHONE \_\_\_\_\_ E-MAIL OR FAX \_\_\_\_\_

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

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

PLEASE CHECK APPROPRIATE LINE (PAYMENT IS DUE PRIOR TO INSPECTION):

\_\_\_ REQUEST FOR SEWAGE CHECK\*, WELL INSPECTION, & WATER SAMPLE - \$510.00

\_\_\_ REQUEST FOR SEWAGE CHECK\* - \$150.00

\_\_\_ REQUEST FOR WELL INSPECTION & WATER SAMPLE - \$360.00

\_\_\_ WATER SAMPLE ONLY - \$210.00

\_\_\_ ADDITIONAL WATER SAMPLE - \$130.00

*Sewage and/or Water Check Make-Up Visit - \$50.00*

I \_\_\_\_\_, owner (or representative) 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/Owner's representative**

*\*VACANT PROPERTY NOTICE: If the property has a private sewage disposal system and is vacant, the water must be run long enough to simulate a normal day's water usage for the size of the home/number of bedrooms prior to the performance of a sewage check.*