



Environmental Health 331 S Main Virginia, IL
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Septic and/or Water System Evaluation Request Form

Please Check the Type of Inspection/Evaluation Requested:

Date: _____

- o Septic Survey \$80
o Water Sample/Well Inspection \$35
o Septic and Water Survey \$115

Requested By: _____ Phone Number: _____
Address: _____ Email: _____
Requestor is: ___ Buyer ___ Seller ___ Financial Institution ___ Real Est. Agent ___ Self

If Requestor is for a Financial Institution, please fill out below:

Name of Financial Institution: _____ Phone: _____
Address: _____ City/Zipcode: _____
Contact Person: _____ Email: _____

Property Information:

Owners Name: _____ Phone Number: _____
Address: _____ City/Zipcode: _____

Well Information
Location of Well: _____
Type of Well: Dug Drilled Bored
Location of Pump, Pressure tank, and other well components: _____
Sample Taken: Y or N
Sample Location: _____
Well Cap in good Repair: Y or N

Septic Information
Location of System: _____
Type of System: _____
Septic Installer: _____
Installation Year: _____

I give permission for the agent of the CCHD to be on the property to conduct this evaluation and subsequent follow up inspections.

Owner/Representative of Property

Date