

331 South Main
Virginia, IL 62691

Cass County Health Department

Protecting...Providing...Promoting...
since 1981

8590 St. Lukes Drive
Beardstown, IL 62618

Ph: 217-452-3057
Fx: 217-452-7245

Ph: 217-323-2182
Fx: 217-323-2196

Request for Evaluation of Septic and/or Water System for Real Estate

Date: _____

Requested By: _____ Phone Number: _____

Address of Person Requesting Evaluation: _____

Requestor is the: Buyer Seller Financial Institution Real Estate Agent

Property Information:

Owners Name: _____ Phone Number: _____

Address of Owner: _____ City: _____

Type of Septic System: _____

Location of System: _____

Type of Well (circle one) DUG DRILLED BORED DRIVEN

Date Drilled: _____

Location of pump, pressure tank, and other components of well: _____

Address of Property: _____ City: _____

Directions to Property: _____

Buyers Name: _____ Phone Number: _____

Address of Buyer: _____ Phone Number: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Contact Person: _____

PLEASE CHECK THE TYPE OF INSPECTION/EVALUATION REQUESTED:

_____ \$100.00 Septic and Water Survey

_____ \$80.00 Septic Survey

_____ \$20.00 Water Survey

Owner please initial the following:

____ 1. All information on this form has been provided

____ 2. A Check for the amount initialed above must accompany this form

____ 3. Any violations found on the property must be corrected even if the property is not sold.

____ 4. I give my permission for the agent of the CCHD to be on the property to conduct this evaluation and subsequent follow-up inspections.

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

Owners

Signature: _____ Date: _____