

## **Henry & Stark County Health Department**

4424 US Hwy 34, Kewanee, IL 61443 309-852-0197 - 309-852-3115www.henrystarkhealth.com

## PRIVATE SEWAGE DISPOSAL SYSTEM AND WATER WELL LOAN EVALUATION REQUEST

## **Incomplete Applications Will Be Returned:-**

	☐ Henry		County	☐ Stark County		
Type of Evaluation: ☐ Septic & W		☐ Septic & Well	☐ Septic Only	$\square$ Septic Only $\square$ Well Only		
Cı	arrent Owners Name	e:				<u></u>
Cı	arrent Owners Phone	e #:				<u> </u>
Pr	operty Address:					
Do	waal Number	(Street)		(City)	(Zip)	
		ald he medied to More				
In	ne Finai Report snot	ald be mailed to: Nam				
		Add	ress:(Street)		(City)	(Zip)
		Ema	ail:			
	\$200.00 Fee Enclo	osed for Septic & Wel	l (non-refundable	upon receipt)		
	\$200.00 Fee Enclosed for Well Only (non-refundable upon receipt)					
	\$175.00 Fee Enclosed for Septic Only (non-refundable upon receipt)					
	\$50.00 Fee Enclosed for missed appointment or follow-up inspection (non-refundable upon receipt)					
	\$90.00 Fee Enclosed for follow-up with water sampling (Micro/Chem) (non-refundable upon receipt)					
	\$130.00 Fee Enclosed for follow-up with water sampling (Micro+Chem) (non-refundable upon receipt)					
	NOTE: Add an extra \$10.00 fee if wanting Microbiology/Quantitative Count for follow-up with water sampling					
ΙI	have read and u	nderstand the foll	owing:-			
✓	Once the request f	for evaluation and fee	is received at our o	ffice, the payme	ent is not refunda	able:
✓	<ul> <li>Once the request for evaluation and fee is received at our office, the payment is not refundable;</li> <li>The Step by Step Procedure in Requesting a Loan Survey which <u>MUST</u> be done in order for the Sanitarian</li> </ul>					
	to do the evaluat		.1			
		n the SEPTIC TANK LL is in a PIT, the PIT		emovable for a	ccess (Do NOT r	remove actual well cap):
✓	<ul><li>2) If the WELL is in a PIT, the PIT COVER must be removable for access (Do NOT remove actual well cap);</li><li>✓ You will be contacted by the Environmental Health Division to schedule a date and time for the Evaluation:</li></ul>					
	Nama/Dhona # o	f person to contact to	sahadula tha annain	tmont		
	Name/I none # 0.	i person to contact to s	schedule the appoin	ıtınent		
		re of Person Requesting			Date	
Aı						
Pa	yment By:					
Date Received:						08/24/2017