

**REQUEST FORM FOR WATER AND SEWAGE SYSTEM SURVEY
IROQUOIS COUNTY PUBLIC HEALTH DEPARTMENT
1001 EAST GRANT STREET
WATSEKA, ILLINOIS 60970
(815)432-2483**

Name of Owner: _____ Property Parcel # _____

Property Address: _____

Phone Number: _____

PLEASE INDICATE TYPE OF WATER AND SEWAGE SYSTEM

Private Well (permit #) _____ Private Septic (permit #) _____

Semi-Private Well (permit #) _____ Semi-Private Septic (permit #) _____

Public Well (name) _____ Public Sewage (name) _____

SERVICE FEES:

Water and Sewage system survey: \$350.00

Rush Fee: \$50.00

Total Due: \$ _____

(due prior to service unless authorized billing)

MAIL COPIES OF REPORT AND BILL TO:

Business Name: _____

Contact Person: _____

Address: _____

Fax Number: _____

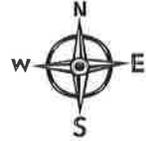
OFFICE USE ONLY

Water sample collected: _____ (date) _____ (time) _____ (AM/PM)

Nitrate sample collected: _____ Coliform sample collected: _____

PROPERTY PLOT PLAN

Please indicate the location of the septic tank, sewer line, seepage field, or bed (if known). Show the location of the well, water lines, etc. (if known). Show any unused or abandoned wells. (All unused or abandoned wells must be properly sealed).



Dwelling

I, _____, _____
(Address)

have provided this information and authorize these services. _____
(Signature)