

THE INSPECTION SHOULD BE REQUESTED A MINIMUM OF 2 WEEKS PRIOR TO CLOSING.

Subdivision Name _____ Lot #: _____

Legal Description _____ 1/4, _____ 1/4, Sec. _____ Twnshp: _____

Property I.D. # _____ - _____ - _____ - _____ - _____

Property Address & City _____ Vacant? ___ How Long? _____

Current Owner _____ **CLOSING DATE** _____

Original Owner(required information) _____ Age of House _____

Name of Buyer _____

Who to contact to schedule inspection: NAME _____ **DAYTIME PHONE NO.** _____

REALTY COMPANY _____ **REALTOR'S CELL PHONE NO.** _____

Who is requesting inspection: NAME _____ **DAYTIME PHONE NO.** _____

TYPE OF REPORT REQUESTED: (select one)

FAX _____ **Fax Number** _____ **ATTENTION:** _____

MAIL _____ **Name & Address the report should be sent to:** _____

Septic tank last pumped: _____ It is recommended that the inlet and/or outlet of the septic tank be open at the time of the inspection so the discharge location of waste/clear waters can be verified. A reinspection and fee or a receipt from a licensed plumber/contractor may be required if the tank inlet/outlet inspection port(s) are not open. **SEPTIC TANKS CAN NOT BE PUMPED WITHIN 60 DAYS OF INSPECTION.**

Private or Semi-Private well: _____ **If semi-private well, provide name and phone # of responsible person** _____

Type of Inspection Requested: Septic _____ Well _____ Priority Water Sample _____ Zoning _____

ALL INSPECTIONS MUST BE PAID FOR AT THE TIME OF THE INSPECTION!

INSPECTION FEE: SEPTIC - DISCHARGING SYSTEM IS \$70.00 (REMEMBER CHLORINE TABLET)

SEPTIC - NON-DISCHARGING SYSTEM IS \$35.00

WELL - \$60.00

WELL WITH PRIORITY WATER SAMPLE - \$80.00

REINSPECTION FEE: SEPTIC - NON-DISCHARGING SYSTEM IS \$25.00

SEPTIC - DISCHARGING SYSTEM IS \$60.00

WELL - \$50.00

OFFICE USE ONLY!

Type of System _____ Permit # _____

Inspection/Reinspection Fee _____ Semi-Private Well? Yes _____ No _____

EFFECTIVE 9/1/08 21306 IL Rte. 9

J:\Forms and letters\operational insp request Tremont, IL 61568

(309) 925-5511 / 477-2223

SEPTIC _____ BUYERS _____
 WELL _____ REINSP. _____
 MAILED _____ ZONING _____
 FAXED _____