



**OPERATIONAL INSPECTION FORM**

FAX NUMBER: (309) 925-4100

**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 - \$100.00  
WELL - \$100.00  
WELL WITH PRIORITY WATER SAMPLE - \$130.00  
BOTH SEPTIC AND WELL - \$150.00

**REINSPECTION FEE:** SEPTIC - \$50.00  
WELL - \$50.00  
WELL WITH PRIORITY WATER SAMPLE - \$80.00

**OFFICE USE ONLY!**

Type of System \_\_\_\_\_ Permit # \_\_\_\_\_

Inspection/Reinspection Fee \_\_\_\_\_ Semi-Private Well? Yes \_\_\_\_\_ No \_\_\_\_\_

EFFECTIVE 10/2/09 21306 IL Rte. 9  
Tremont, IL 61568

J:\Forms and letters\operational insp request (309) 925-5511 / 477-2223

SEPTIC \_\_\_\_\_ BUYERS \_\_\_\_\_  
WELL \_\_\_\_\_ REINSP. \_\_\_\_\_  
MAILED \_\_\_\_\_ ZONING \_\_\_\_\_  
FAXED \_\_\_\_\_