

LASALLE COUNTY HEALTH DEPARTMENT
717 Etna Road
Ottawa, IL 61350
(815) 433-3366
Fax: (815) 433-9522

This is your application to request a sewage disposal system and/or water supply survey. The services fees are as follows:

| | |
|--|-----------------|
| Sewage Disposal System Survey | \$75.00 |
| Water Supply Survey | \$100.00 |
| Sewage Disposal System and Water Supply Survey..... | \$150.00 |

Applications and fees must be submitted to the LaSalle County Health Department prior to the survey being completed by Health Department personnel. Fees submitted for this service are non-refundable.

TIME REQUIREMENT

- This application must be received by this Department a minimum of five (5) days prior to the requested survey date.
- Upon completion of the survey, a minimum of fourteen (14) days are required for processing of all necessary samples and paperwork.
- Be advised, if a water is to be obtained, the survey must be completed on a Monday or Tuesday.

REQUIREMENTS FOR THE SURVEY

1. Septic tank(s) must be exposed at both the inlet and outlet access ports to provide for inspection of the baffles.
2. Septic tank must be pumped prior to inspection.
3. Provisions must be made to have the water running with in the home for sampling purposes.

INTERPRETATION OF THE SURVEY

The LaSalle County Health Department survey will result in a statement as to the conditions of the sewage disposal system and/or water supply at the time of the survey. The survey report shall also indicate the status of the septic system and/or water supply as it relates to current rules and regulations. The LaSalle County Health Department does not guarantee any system, nor does the survey or permit process result in any general, or implied, warranty for use of the sewage disposal system and/or water supply.

LASALLE COUNTY HEALTH DEPARTMENT
717 ETNA ROAD
OTTAWA, IL 61350
(815) 433-3366

REQUEST FOR SEWAGE AND/OR WELL SURVEY

I, _____ REQUEST THE LASALLE COUNTY
HEALTH DEPARTMENT TO CONDUCT A SURVEY ON THE SEWAGE DISPOSAL SYSTEM AND/OR
WELL ON THE PROPERTY LISTED BELOW:

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION/SUBDIVISION & LOT: _____

PROPERTY OWNER: _____ SECTION: _____

WHO TO CONTACT TO MEET INSPECTOR AT SITE: _____ PHONE: _____

SURVEY REPORT NEEDED BY (DATE): _____

TYPE OF SURVEY REQUESTED: (READ CAREFULLY AND CHECK APPROPRIATE BOX)

| | | |
|--|----------|-------|
| SEWAGE DISPOSAL SYSTEM | \$ 75.00 | _____ |
| WELL ANALYSIS | \$100.00 | _____ |
| SEWAGE DISPOSAL SYSTEM & WELL ANALYSIS | \$150.00 | _____ |

The LaSalle County Health Department survey will result in a statement as to the construction of the sewage disposal system and/or water well at the time of the survey. The survey report shall also indicate the status of the septic system and/or water well as it relates to current rules and regulations. If required, a water sample analysis will also be conducted for coliform bacteria and nitrates. The LaSalle County Health Department does not guarantee any system, nor does the survey or permit process result in any general, or implied, warranty for use of the sewage disposal system and/or water supply.

ADDRESS REPORT IS TO BE SENT TO:

PERMISSION IS HEREBY GRANTED TO CONDUCT A DYE TEST ON THE SEWAGE DISPOSAL SYSTEM AND/OR COLLECT A WATER SAMPLE FOR LABORATORY ANALYSIS. I ATTEST I AM AUTHORIZED TO GRANT ACCESS TO THIS PROPERTY FOR PURPOSE(S) STATED ABOVE.

REQUESTOR'S SIGNATURE

*Reminder: Application and Fee must be submitted to the Health Department a minimum of five (5) days prior to the survey being conducted.