



700 Oak Street  
Canton, Illinois 61520

Phone: 309-647-1134, Ext. 230  
Fax: 309-647-9545

## FULTON COUNTY HEALTH DEPARTMENT

### Septic and Well Evaluation Application Cover Sheet

#### Septic and Well Evaluation Application Fees:

- \$ 75.00 for initial private sewage disposal system evaluation. **(\$50.00 for aeration systems, see #4 below.)**
- \$ 75.00 for initial water well system evaluations. For properly constructed water wells, one water sample test kit and shipping fee is included.
- \$125.00 if applying for a septic and well evaluation **at the same time**, the combined fee will be \$125.00. This includes one water sample test kit and shipping fee for properly constructed water wells.
- \$100.00 well evaluation & aeration system evaluation at the same time.
- \$ 50.00 for each subsequent follow-up visit, including the collection of additional water samples, if necessary.

Please make all checks payable to the Fulton County Health Department. All fees must be submitted at the time the Septic and Well Evaluation Application is submitted to the Health Department. **The permit fee is not refundable after a Health Department representative has performed the initial site visit.**

#### Requirements for Evaluation:

1. Septic tank(s) need to be exposed at both the inlet and outlet lids, so that the baffles may be evaluated.
2. Water must be able to be run for collecting water samples and evaluation of the water system and private sewage disposal system.
3. The house should not be vacant for more than thirty (30) days prior to inspection. If the house has been vacant for more than one (1) week, for three consecutive days directly prior to the date of inspection, water from two faucets will need to be run for 2 hours on each of those three days.
4. Documentation must be provided that ensures that any property served by an aerobic treatment unit has been serviced by a manufacturer's authorized service representative within the past thirty (30) days and that at the time of service that unit was functioning in compliance with the requirements of the Private Sewage Disposal Licensing Act and Code.
5. Septic tank(s) shall **not** be pumped prior to inspection, but must be pumped by a licensed Private Sewage Disposal System Pumping Contractor at the time of the inspection by a Fulton County Health Department staff member.
6. Applicants must complete the septic and well evaluation application to the best of their knowledge and submit the required fees prior to services being rendered by Fulton County Health Department staff members. The original application must be turned in. No faxed copies of the application will be accepted.

#### Interpretation of Evaluation:

Fulton County Health Department inspections will result in a statement as to whether or not a system meets current Illinois Department of Public Health standards. The Fulton County Health Department does not guarantee any system, nor do the inspections or permit processes result in any general, or implied, warranty for use of the system.

**INCOMPLETE Application Forms will be returned to the Applicant for completion and must be resubmitted to:**  
Fulton County Health Department, Environmental Health, 700 E. Oak Street, Canton, IL 61520



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## FULTON COUNTY HEALTH DEPARTMENT

### Septic and Well Evaluation Application

Aeration System Fee \$50.00  Combined Aeration and Well Fee \$100.00  Follow-up Fee Per Visit \$50.00   
Septic Fee \$75.00  Well Fee \$75.00  Combined Well and Septic Fee \$125.00

**For Office Use Only:**

Date \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Received By \_\_\_\_\_ Inspection Number \_\_\_\_\_

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Township Name \_\_\_\_\_ Subdivision Lot # \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section # \_\_\_\_\_  
1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ Permanent Index # \_\_\_\_\_ (Found on owner's property tax bill)

Owner's Realtor \_\_\_\_\_ Company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Buyer \_\_\_\_\_ Telephone # \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Buyer's Realtor \_\_\_\_\_ Company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Lending Institute \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Owners: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Detailed Directions to Site from Canton: (Highway Number, Secondary Roads, Signs to Follow, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Septic System:**

When was the septic tank last pumped? \_\_\_\_\_ Have there been any repairs made to the septic system since 1972? Y/N

If so, name of owner and year of repairs: \_\_\_\_\_

Describe repairs \_\_\_\_\_

Have you had any problems with the septic system Y/N Explain \_\_\_\_\_

Size of septic tank(s) \_\_\_\_\_ Tank material \_\_\_\_\_

Type and Size of Field \_\_\_\_\_

Aeration System  Type of Aeration System \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Age of Septic System \_\_\_\_\_ Age of Well \_\_\_\_\_

Kitchen Sink Y/N Garbage Disposal Y/N Water Softener Y/N Basement Sump Y/N Washing Machine Y/N

Number of: Toilets \_\_\_\_\_ Showers \_\_\_\_\_ Bathtubs \_\_\_\_\_ Bath Lavatories \_\_\_\_\_

Type of Well: Drilled  Bored  Sand point  Dug

Water Supply: Private (owner occupied)  Semi-private  Municipal

Pump Location \_\_\_\_\_ Pressure Tank Location \_\_\_\_\_

Feasibility for connection to public sewer \_\_\_\_\_

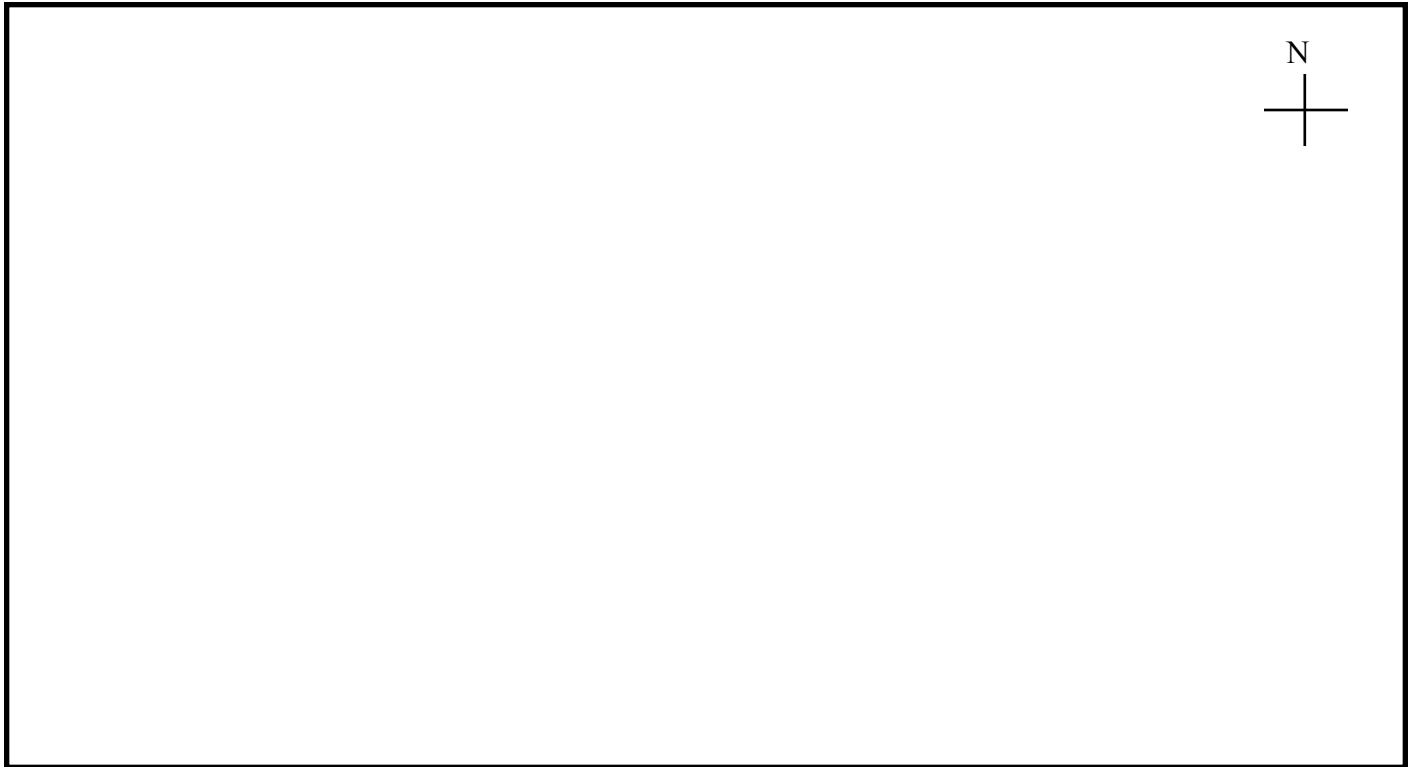
Feasibility for connection to public water \_\_\_\_\_

Name of person to notify to meet inspector on site \_\_\_\_\_ Telephone # \_\_\_\_\_

**Lot diagram of well and septic system:**

Furnish plans or draw to scale:

- |  |                                  |
|--|----------------------------------|
| 1. The property with property lines                | 7. Closed-loop wells             |
| 2. House   | 8. Geothermal wells              |
| 3. Septic Tank                                     | 9. Barnyards                     |
| 4. Drainage fields, sand filter, seepage bed, etc. | 10. Footing drains               |
| 5. Well(s) and abandoned wells                     | 11. Water lines                  |
| 6. Other buildings or conditions                   | 12. Lakes, ponds, streams, trees |



Has the house been vacant for more than one week? Y / N If so, for three consecutive days directly prior to the date of inspection, water from two faucets will need to be run for 2 hours on each of those three days.

I certify that the attached information is complete and correct. I understand by signing this document or giving permission to the realtor to sign, I am allowing Fulton County personnel to enter the property to conduct the inspection(s).

\_\_\_\_\_  
Signature of Applicant (Owner or Contractor) \_\_\_\_\_ Date \_\_\_\_\_

This Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. Incomplete Application Forms will be returned to the Applicant for completion and resubmitted to the Fulton County Health Department, 700 E. Oak St., Canton, IL 61520. THE SEPTIC AND WELL EVALUATION FEE IS NON-REFUNDABLE ONCE A SITE VISIT HAS BEEN CONDUCTED.

Office Use Only:

Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_