



700 Oak Street
Canton, Illinois 61520

Phone: 309-647-1134, Ext. 230
Fax: 309-647-9545 Email: FCHDEH@fultonco.org

FULTON COUNTY HEALTH DEPARTMENT

Septic and Well Evaluation Application Cover Sheet

Evaluation Fees:

- \$ 125.00 for initial private sewage disposal system evaluation. **(\$75.00 for aeration systems, see #4 below.)**
- \$ 125.00 for initial water well evaluation. Collection, shipping, and analysis of one microbiology water sample is included.
- \$ 225.00 if applying for a septic and well evaluation **at the same time**, the combined fee will be \$225.00. Collection, shipping, and analysis of one microbiology water sample is included.
- \$ 150.00 for well evaluation and aeration system evaluation **at the same time**. Collection, shipping, and analysis of one microbiology water sample is included.
- \$ 75.00 for each subsequent follow-up visit, including the collection of additional water samples, if necessary.

Please make checks payable to the Fulton County Health Department. All fees must be paid 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 a site visit.**

Requirements for Evaluation:

1. Septic tank(s) must 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 for evaluation of the private sewage disposal system.
3. The house should not be vacant for more than thirty (30) days prior to inspection, if possible. **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 showing that any aeration system/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 the unit was functioning in compliance with the requirements of the Private Sewage Disposal Licensing Act and Code. Aerobic treatment units can be identified by the presence of a motor inside the septic tank, and an external alarm.
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 or illegible applications will be returned to the applicant for completion and resubmission.



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FULTON COUNTY HEALTH DEPARTMENT

Septic and Well Evaluation Application

Septic Fee \$125.00 Well Fee \$125.00 Combined Well and Septic Fee \$225.00
Aeration Septic Fee \$75.00 Combined Aeration and Well Fee \$150.00 Follow-up Fee Per Visit \$75.00

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 _____ Section # _____ Subdivision/Lot # _____

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 # _____

Previous Owners: 1) _____ 2) _____

Directions to site from Canton: (Is house number on mailbox? If not, provide house color and landmarks. Any locked gates?)

Septic System Year home was built _____ Year current septic system was installed _____

Size of septic tank(s) (gallons) _____ Type of seepage field _____

When was the septic tank last pumped? _____ Have there been any changes/repairs made to the septic? Y/N

If so, name of owner and year of changes/repairs: _____

Describe changes/repairs _____

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

Aeration System Type of Aeration System _____

Water Supply: Private Well Semi-private Well Municipal Water

How many wells on the property? _____ Type of Well(s): Dug Drilled Bored Sand point

Number of Bedrooms _____ Have you added any bedrooms? _____

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 _____

Feasibility for connection to public sewer? _____
 Feasibility for connection to public water? _____
 Name of person to meet inspector on site _____ Telephone # _____
 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 must be run for 2 hours on each of those three days.

Lot diagram of well and septic system locations. Furnish plans or draw an overhead view with labels for:

- Property lines
- House
- Garages, barns, outbuildings
- Septic Tank
- Drainage field/sand filter/seepage bed
- Well(s) and abandoned wells
- Public water lines
- Footing drains
- Closed-loop/geothermal wells
- Barnyards
- Lakes, ponds, streams
- Driveway, road

N
 +

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

 Signature of Applicant (Owner or Representative) _____
 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. Fulton County Health Department inspections 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. FEES ARE NON-REFUNDABLE ONCE A SITE VISIT HAS BEEN CONDUCTED.