



700 Oak Street
Canton, Illinois 61520

Phone: 309-647-1134
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 combination 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.
- \$ 20.00 for each subsequent water sample test kit to be shipped to the laboratory for testing from our office.
- \$ 50.00 for each subsequent follow-up visit.

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 need to be pumped by a licensed Private Sewage Disposal System Pumping Contractor following a complete 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 Evaluations:

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 Resubmitted to:
Fulton County Health Department; Environmental Health, 700 E. Oak Street, Canton, IL 61520



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Canton, Illinois 61520

Phone: 309-647-1134
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FULTON COUNTY HEALTH DEPARTMENT

Septic and Well Evaluation Application

Aeration System Fee \$50.00 Both Aeration & Well Fee \$100.00 Follow-up Fee per visit \$50.00
Septic Fee \$75.00 Well Fee \$75.00 Both Well and Septic Fee \$125.00 Water Test Fee \$ 20.00

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 # _____ (This number can be found on the current 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: (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 Fields _____

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 Lavatory _____

Type of Well: Drilled Bored Sand point Dug

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

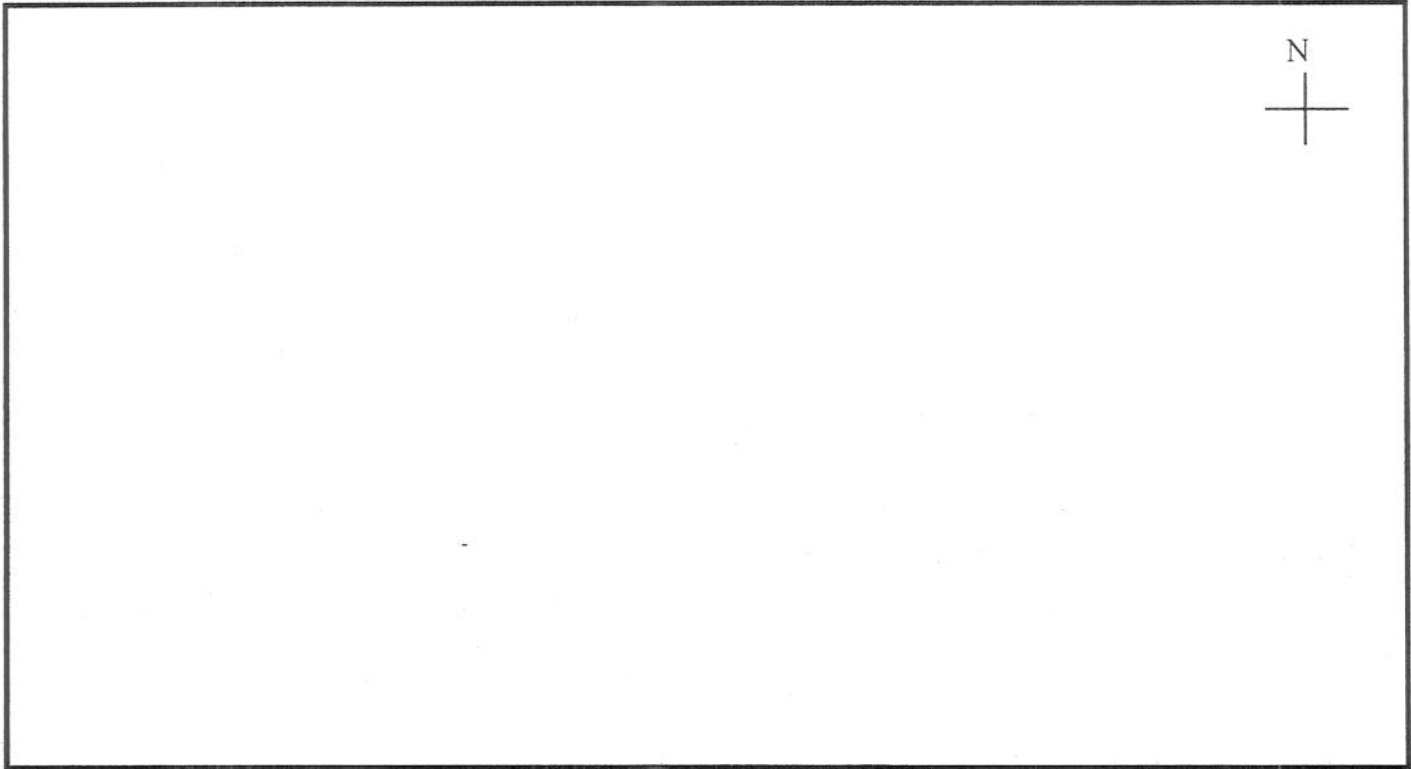
Pump Location _____ Pressure Tank Location _____

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-Looped 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 inspections.

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: _____