



STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34,
KEWANEE, ILLINOIS 61443
309-852-3115
www.henrystarkhealth.com

Public Health
Prevent. Promote. Protect.

SEPTIC SYSTEM AND WATER WELL EVALUATION REQUEST FORM

TYPE OF EVALUATION: SEPTIC & WELL SEPTIC ONLY WELL ONLY

HOME PHONE # _____ CELL PHONE # _____

OWNERS NAME: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

PARCEL NUMBER: _____

FORMER OWNERS NAME (IF KNOWN): _____

Signature of Person Requesting Evaluation

Date

NAME/ADDRESS/PHONE # OF THE PERSON THE REPORT IS TO BE SENT TO IF
DIFFERENT THAN OWNERS NAME AND ADDRESS:

\$75.00 FEE IS ENCLOSED:

COMMENTS: _____

After REQUEST for evaluation and FEE is received and SEPTIC TANK LIDS have been exposed, it will then be necessary to contact the Health Department to schedule a time for the evaluation.

If our personnel must make a return visit because the septic has not been uncovered properly, please be advised that an additional \$30.00 fee plus mileage will be charged.