STEPHENSON COUNTY HEALTH DEPARTMENT
295 W. LAMM RD.
FREEPORT, ILLINOIS 61032
(815) 599-0344

Request # _____
Payment Amt. $_____
Date Received ___/___/___
Received by _____

SANITARY SURVEY APPLICATION FORM

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY BY THE SANITARY SURVEY APPLICANT PRIOR TO THE SURVEY BY THE STEPHENSON COUNTY HEALTH DEPARTMENT. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION COULD RESULT IN AN UNNECESSARY DELAY IN THE ISSUANCE OF A FINAL REPORT.

Check type of survey requested:

_____ Well only (only if served by city sewer)-$85
_____Septic only (only if served by city water)-$55
_____Well & Septic-$110
_____Water well retest (bacteria only)-$65
_____Water well retest (nitrates only)-$65
_____Water well retest (bacteria and nitrates)-$80
_____ Lead Test $65

Survey requested by: Name _____ Phone ( )
Address _____City/Zip ____

Address of Property to Be Surveyed
Is House Occupied? Yes _____ No _____ If no, how long has it been vacant?

Who to Contact for Entry? _____ Phone ( )

DATE SEPTIC LAST PUMPED/PUMPER_____

Driving Directions to Property ***(This section MUST be completed!):***

I understand that: 1) the fee for this service is payable in advance; 2) the survey will be conducted on the Monday following the receipt of the application; 3) it is the responsibility of the applicant to ensure keys are dropped off and picked up at the Health Department; and 4) the survey report requires seven to ten working days thereafter to complete.

Signature

Title Date WELL-SEP.FRM