

## SEWAGE AND WELL INSPECTION REQUEST FORM

McDonough County Health Department 505 E. Jackson Macomb, IL 61455

Phone: 309-837-9951 FAX: 309-837-1100 Email: mchd@mchdept.com

REQUESTOR IS:	BUYER _	SELLER	LENDER	REALTOR
OWNER NAME				
OWNER ADDRESS				
OWNER TELEPHONE				
BUYER NAME				
BUYER ADDRESS				
BUYER TELEPHONE				
REAL ESTATE AGENCY				
AGENT NAME				
AGENCY ADDRESS				
AGENCY TELEPHONE				
FINANCIAL INSTITUTION				
CONTACT PERSON				
AGENCY ADDRESS				
AGENCY TELEPHONE		FAX		
ADDRESS OF PROPERTY TO BE INSPECTED				
DIRECTIONS TO SITE				
PLEASE CHECK APPROPRIATE LINE:				
REQUEST FOR SEWAGE CHECK, WELL	INSPECTION, WATER SAI	MPLE - \$300.00		
REQUEST FOR SEWAGE CHECK - \$150	0.00			
REQUEST FOR WELL INSPECTION AND	) WATER SAMPLE - \$150.	00		
WATER SAMPLE ONLY - \$25.00				
*Sewage and/or Water Check Make-Up Vi	isit - \$50.00			
	er of the aforementioned			
sewage check and/or well inspection and				
all information obtained by the McDonoug				sal system, water
well(s), and water supply system(s), and the	ne water analysis results	to the parties list	ted above.	
Signature of Owner				