



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 SAMPLE - \$300.00
 - REQUEST FOR SEWAGE CHECK - \$150.00
 - REQUEST FOR WELL INSPECTION AND WATER SAMPLE - \$150.00
 - WATER SAMPLE ONLY - \$25.00
- *Sewage and/or Water Check Make-Up Visit - \$50.00
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I _____, owner of the aforementioned property, consent to the performance of the sewage check and/or well inspection and water sample collection as identified above. I also consent to the release of all information obtained by the McDonough County Health Department regarding the sewage disposal system, water well(s), and water supply system(s), and the water analysis results to the parties listed above.

Signature of Owner