



309 S Galena Ave; Ste 100 Dixon, IL 61021 Phone: (815) 284-3371 Fax: (815) 288-1811 www.lchd.com

REQUEST FOR SANITARY EVALUATION REQUEST NUMBER _____
A \$25.00 SERVICE CHARGE WILL BE ASSESSED ON ALL RETURNED CHECKS.
PLEASE PRINT OR TYPE AND USE CORRECT NAMES

Date of Property Closing Requesting Party Name or Billing Agency

Phone: Cell: Fax:

E-Mail Address or Mailing Address to Send Report and/or Bill to: ATTN:

Address City State Zip Code

Property to be inspected information

Current Property Owner (Use proper names)

Address of Property

*Permanent Parcel Number (located on tax records or phone 288-4483)

Subdivision or Directions to the Property

Purchaser

TYPE OF INSPECTION(S) REQUESTED:

<input type="checkbox"/>	SEPTIC SYSTEM INSPECTION	\$150 (Septic inspections require that the septic tank outlet lid
<input type="checkbox"/>	WELL EVALUATION	\$150 be exposed and removed prior to the appointment.)
<input type="checkbox"/>	BOTH SEPTIC AND WELL EVALUATION	\$200
<input type="checkbox"/>	LEAD ANALYSIS OF WATER	Lead testing is an additional \$60 charge

Property History - (List below ALL previous owners - first and last names and dates of ownership)
This information is available through the Lee County Assessors Office at (815) 288-4483.

Office Use Only Below:

Date of Inspection Time of Inspection

Date Septic Approved/Permit Number Date Report/Statement Sent

Date Fee Received Initials Cash Receipt # or Check # Amount