

LEE COUNTY HEALTH DEPARTMENT
 Environmental Health Services
 309 South Galena Avenue; Suite 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 Agency and/or Name/Phone Number/Fax Number

 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:

	SEPTIC SYSTEM INSPECTION	\$150 (Septic inspections require that the septic tank outlet lid
	WELL EVALUATION	\$150 be exposed and removed prior to the appointment.)
	BOTH SEPTIC AND WELL EVALUATION	\$200
	LEAD ANALYSIS OF WATER	Lead testing is an additional \$40 charge

 Send Report and/or Bill to: ATTN:

 Address City State Zip Code

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