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** _____

$150.00 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	(Septic inspections require that the septic tank outlet lid
	WELL EVALUATION	be exposed and removed prior to the appointment.)
	BOTH SEPTIC AND WELL EVALUATION	
	WELL EVALUATION WITH LEAD ANALYSIS OF WATER	Lead testing is an additional $35 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