



Public Health
Prevent. Promote. Protect.
Knox County Health Department

Knox County Health Department

1361 W. Fremont St., Galesburg, IL 61401

(309) 344-2224 Fax (309) 344-5049 www.knoxcountyhealth.org

REQUEST FOR SEWAGE AND/OR WELL WATER ANALYSIS

I, _____, request the Knox County Health Department to conduct a survey on the sewage disposal system and/or well on the property listed below:

Property Address: _____

Legal Description/Subdivision & Lot: _____

Parcel I.D.: _____

Property Owner: _____ Phone: _____

Property Owner Address: _____

Contact Person: _____ Phone: _____

Survey Report Needed By (Date): _____

Type of Survey Requested: (READ CAREFULLY AND CHECK APPROPRIATE BOX)

- Water Well System.....\$100.00
- Sewage Disposal System.....\$125.00
- Sewage Disposal System & Water Well Analysis (1 sample)\$175.00

Age of Septic System (year installed if known): _____

Does Septic System surface discharge? (I.E. SANDFILTER OR CLASS 1 AEROBIC TREATMENT PLAN): Yes No

Type of Well and age (if known): _____

The Knox County Health Department survey will result in a statement as to the construction of the sewage disposal system and/or water well at the time of the survey. The survey report shall also indicate the status of the septic system and/or water well as it relates to current rules and regulations. If required, a water sample analysis will also be conducted for coliform bacteria and nitrates. The Knox County Health Department does not guarantee any system, nor does the survey or permit process result in any general, or implied, warranty for use of the sewage disposal system and/or water supply.

Address report is sent to: _____

PERMISSION IS HEREBY GRANTED TO CONDUCT A SEWAGE DISPOSAL SYSTEM INSPECTION AND/OR COLLECT A WATER SAMPLE FOR LABORATORY ANALYSIS. I ATTEST I AM AUTHORIZED TO GRANT ACCESS TO THIS PROPERTY FOR PURPOSE(S) STATED ABOVE.

FURTHER I AGREE THAT IF THE SEPTIC TANK HAS LESS THAN TWO FEET OF EARTH COVERING THE TOP SHALL BE COMPLETELY EXPOSED PRIOR TO THE INSPECTION BY THE HEALTH DEPARTMENT.

REQUESTOR'S SIGNATURE

***REMINDER:** Application and Fee must be submitted to the Health Department a minimum of five (5) days prior to the survey being conducted.