

**PRIVATE SEWAGE EVALUATION FORM**  
FORM MUST BE COMPLETE OR WILL BE RETURNED

**THIS INFORMATION SECTION MUST BE COMPLETE OR THE FORM WILL BE RETURNED**

Inspection date: \_\_\_\_\_ Closing Date \_\_\_\_\_

Buyers Name: \_\_\_\_\_ Buyers Phone Number \_\_\_\_\_

Buyers Email: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Owners Phone Number \_\_\_\_\_

Owners Email: \_\_\_\_\_

Realtor: \_\_\_\_\_ Realtor Number: \_\_\_\_\_

Realtor Email: \_\_\_\_\_

Address, email or FAX number to send report for signatures \_\_\_\_\_

Legal Desc: \_\_\_\_\_ Pin # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Township: \_\_\_\_\_ Public Sewer Y (within 200' for residential) N Public Water Y N

Permit # \_\_\_\_\_ (if applicable)

***SYSTEM EVALUATION (CHECK ALL THAT APPLY)***

FUNCTIONAL

FUNCTIONAL WITH COMMENTS

NOT FUNCTIONAL

NEEDS FURTHER EVALUATION

REQUIRED CORRECTIONS

NO REQUIRED CORRECTIONS

**GENERAL INFORMATION:**

House Vacant? Y N How long? \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

(any room with a closet or a room that is used for sleeping including basement bedrooms)

All wastewaters to septic? Y N\*

**Outbuilding wastewater to septic?**

Y N\* N/A (if no wastewater in outbuildings)

Garbage Disposal? Y\* N

Per homeowner, slow draining plumbing or backups EVER? Y\* N Unknown

**Garage wastewater to septic?**

Y N\* N/A (if no wastewater in garage)

Water Softener to septic tank? Y N N/A

Clearwater discharge to septic? Y N N/A

(Perimeter tile, dewatering systems, etc.)

Downspouts toward septic? Y\* N N/A

**INCOMPLETE EVALUATION FORMS WILL BE RETURNED**

# **PRIVATE SEWAGE EVALUATION FORM**

**FORM MUST BE COMPLETE OR WILL BE RETURNED**

---

## **SEPTIC TANK INFORMATION:**

Tank Capacity \_\_\_\_\_ Depth \_\_\_\_\_

Septic Tank Last Pumped \_\_\_\_\_

Pumped by \_\_\_\_\_

As verified by \_\_\_\_\_

Condition of Baffles \_\_\_\_\_ Inlet \_\_\_\_\_ Outlet \_\_\_\_\_

Filter Present?  Y  N

Riser Present?  Y  N\*

Cesspool(s)?  Y\*  N

---

## **WATER SUPPLY:**

Private  Semi-Private  Public

All setbacks met?  Y  N\*

*(septic tanks, aerobic unit, seepage field, cesspools, neighboring and subject property potable water wells, irrigation or abandoned wells, closed loop wells, cisterns) Please note, cisterns do not have to be abandoned. Only check/document distance to septic.*

---

## **SUBSURFACE SYSTEM INFORMATION:**

Type of System: \_\_\_\_\_

Evidence of Failure? \_\_\_\_\_\*

System Malfunctioning  Y\*  N

Water Run \_\_\_\_\_ /mins, per \_\_\_\_\_

Saturated with Sludge?  Y\*  N

Sludge in system?  Y\*  N

Prohibited Discharge?  Y\*  N

---

## **BSF OR AEROBIC INFORMATION:** N/A

Water Run \_\_\_\_\_ /mins, per \_\_\_\_\_

Discharging?  Y  N

Chlorine access and feeder sleeve/holding unit acceptable?  Y  N\*

Chlorine contact tank clear?  Y  N\*  N/A\*

Sample Port Provided?  Y  N\*  N/A\*

Outlet pipe exposed?  Y  N\*

Vent stack acceptable?  Y  N\*  N/A\*

Maintenance Agreement?  Y  N\*

Annual Testing Required? (Answer Yes for BSF's and Aerobics that surface discharge within 50' of down slope lot line.)  Y  N

Why? \_\_\_\_\_

Alarm Operational? (visual, audible)

Y  N\*  N/A

Lift Station Alarm?  Y  N\*  N/A

(not required at time of permit)

Discharge to? \_\_\_\_\_

(Evaporation Bed, direct discharge, etc.)

**INCOMPLETE EVALUATION FORMS WILL BE RETURNED**

**PRIVATE SEWAGE EVALUATION FORM**  
FORM MUST BE COMPLETE OR WILL BE RETURNED

Distance from discharge outlet, evaporation bed or effluent reduction trenches to lot line(s)  
\_\_\_\_\_  N/A

Any discharge of effluent or system components located on adjacent parcels? If so a recorded easement must be provided.  Y\*  N  N/A

---

**EFFLUENT CONDITIONS:**  N/A

Flow	<input type="checkbox"/> Y <input type="checkbox"/> N	Odor	<input type="checkbox"/> Y* <input type="checkbox"/> N
Sample Collected	<input type="checkbox"/> Y <input type="checkbox"/> N* <input type="checkbox"/> N/A*	Floating Debris, Oil, Sludge	<input type="checkbox"/> Y* <input type="checkbox"/> N
Chlorine Provided	<input type="checkbox"/> Y <input type="checkbox"/> N*	Visual Standards Met	<input type="checkbox"/> Y <input type="checkbox"/> N*
Chlorine Residual	<input type="checkbox"/> Y <input type="checkbox"/> N*	Fecal Coliform _____ cfu/100ml	

---

**\*Any item that is marked with an asterisk requires a comment or correction.**

**A diagram of the system must accompany this report. Please provide revisions to the diagram if needed. Indicate on your diagram the lot line(s) with respect to the septic systems location.**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Code Violations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOMPLETE EVALUATION FORMS WILL BE RETURNED**

**PRIVATE SEWAGE EVALUATION FORM**  
**FORM MUST BE COMPLETE OR WILL BE RETURNED**

94.29 COMPLIANCE AND PERFORMANCE (D) An operational inspection is required for any private sewage disposal system, which is part of a sale of property or an exchange of ownership prior to closing. Any necessary repair or replacement revealed by the inspection shall be completed by, or provided for, by escrowed funds at the closing on the sale of the property. The report must be signed at or prior to closing by the buyer and within 30 days of the closing a copy of the report signed by the buyer must be provided to the department.

94.29 COMPLIANCE AND PERFORMANCE (E) When an operational inspection is completed, the new owner for the property shall receive training approved by the Health Department regarding maintenance of their septic system. This training must be completed within 60 days of closing. Training will be waived if the new owner has attended training within the previous 12 months of closing.

94.29 COMPLIANCE AND PERFORMANCE (X) Private sewage septic tanks shall have a pumping evaluation a minimum of once every 5 years.

94.29 COMPLIANCE AND PERFORMANCE (G) An operational inspection may be conducted by a private sewage disposal installation contractor registered with the Tazewell County Health Department or an authorized representative of the Health Department. Operational inspection forms provided by the Health Department shall be fully completed and signed by the inspector and returned to the Health Department within 10 days of inspection. Sufficient data shall be included to determine if the septic system is in compliance with this ordinance.

Failure to provide operational inspection forms as stated above may result in revocation of the contractor's registration to perform operational inspections. When septic systems are not in compliance with the Ordinance, the Tazewell County Health Department authorized representative of the Health Department, private sewage disposal installation contractor, portable sanitation technician or licensed plumber (for indoor plumbing only) will complete additional operational re-inspections to insure compliance.

94.29 COMPLIANCE AND PERFORMANCE (F) Operational inspections are valid for 90 days.

For your information, Tazewell County is a Zone 1 radon area. Zone 1 homes have a predicted average screening levels above 4 picocuries per liter. The Illinois Emergency Management Agency's (IEMA) Radon Program has found that 63% of the homes tested in Tazewell County had indoor air levels of 4 picocuries per liter of air (pCi/L) or greater. Radon is associated with 20,000 lung cancer deaths per year. Also, there is an increased risk for smokers who are exposed to radon. Test kits can be purchased at this health department. Mitigation can reduce the level of radon entering the home. Information about radon can be answered at TCHD's radon website <http://www.tchd.net/radon.html> or at IEMA's radon website <http://www.state.il.us/iema/radon/radon.html>

**Recommendations:** TCHD recommends that no additives be utilized in the septic system.

**Printed** Inspector's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Inspector signature: \_\_\_\_\_ Date \_\_\_\_\_

Seller or Seller representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature for report: \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature for completion of septic maintenance training: \_\_\_\_\_ Date \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

**INCOMPLETE EVALUATION FORMS WILL BE RETURNED**