



OPERATIONAL INSPECTION FORM

Email: eh@tchd.net

FAX NUMBER: (309) 925-4100

**PLEASE ALLOW UP TO 30 DAYS TO RECEIVE A COMPLETED OPERATIONAL REPORT.
ALL AREAS OF THE REQUEST MUST BE COMPLETED.**

Subdivision Name _____ Lot #: _____ Township _____

Property I.D. # _____ - _____ - _____ - _____ Vacant? _____ How Long? _____

Property Address & City _____ Closing date? _____

Current Owner: _____ Email: _____ Phone: _____

Name of Buyer: _____ Email: _____ Phone: _____

Who to contact to schedule inspection: NAME _____ Daytime phone no. _____

Realty Company: _____ Buyer or Seller Realtor? _____

Realtor's Cell Phone No.: _____ Realtor Email: _____

Who is requesting inspection: Name: _____ Daytime Phone No.: _____

Type of Report Requested: (***select one***)

EMAIL _____ Email (please print legibly) _____

FAX _____ Fax Number _____ Attention: _____

MAIL _____ Name & Address the report should be sent to: _____

SEPTIC TANKS/AEROBIC UNITS CANNOT BE PUMPED WITHIN 60 DAYS OF INSPECTION.

Date septic tank/aerobic unit last pumped: _____ (at the time of the inspection, a copy of invoice must be provided)

The inlet AND outlet of the septic tank *MUST* be open at the time of the inspection so the discharge location of waste/clear waters can be verified. A reinspection and fee WILL be required if the tank inlet AND outlet inspection port(s) are not open. Risers located over the center of the tank cannot be used for wastewater verification.

Private or Semi-Private well: _____ A well inspection is highly recommended but not required by TCHD. If semi-private well, provide name, phone # of responsible party and address of well location: _____

Type of Inspection Requested: Septic _____ Well (coliform/E.coli only) _____ Zoning _____

ALL INSPECTIONS MUST BE PAID FOR BEFORE OR AT THE TIME OF THE INSPECTION!

Reports will not be released until payment is made

Well water samples and effluent samples may take up to 2 weeks before results are received by TCHD

INSPECTION FEE:
SEPTIC - \$150.00
WELL - \$150.00 (coliform/E.coli only)
BOTH SEPTIC AND WELL - \$225.00
NITRATE SAMPLE - \$25.00

REINSPECTION FEE:
SEPTIC - \$75.00
WELL - \$75.00

Payment can now be made online at allpaid.com. Pay Location Code (PLC) 7839. A service fee will be collected by the service provider. Comment section needs property address included.

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