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*

Garage wastewater to septic? ☐ Y ☐ N* ☐ N/A (if no wastewater in garage)

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?

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

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SEPTIC TANK INFORMATION:
Tank Capacity________ Depth________ Condition of Baffles_____Inlet_____Outlet
Septic Tank Last Pumped ___________ Filter Present?  □ Y  □ N
Pumped by______________________ Riser Present?  □ Y  □ N*
As verified by ____________________ 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: ________________ Saturated with Sludge?  □ Y*  □ N
Evidence of Failure? ________________ Sludge in system?  □ Y*  □ N
System Malfunctioning  □ Y*  □ N Prohibited Discharge?  □ Y*  □ N
Water Run_______/mins, per_______

BSF OR AEROBIC INFORMATION:  □ N/A
Water Run_______/mins, per_______ Annual Testing Required? (Answer Yes for BSF’s
Discharging?  □ Y  □ N and Aerobics that surface discharge within 50’ of
down slope lot line.)  □ Y  □ N
Chlorine access and feeder sleeve/holding unit
acceptable?  □ Y  □ N* Why?_____________________
Chlorine contact tank clear?  □ Y  □ N*  □ N/A* Alarm Operational? (visual, audible)
Sample Port Provided?  □ Y  □ N*  □ N/A* □ Y  □ N  □ N/A
Outlet pipe exposed? □ Y  □ N* Lift Station Alarm?  □ Y  □ N* □ N/A
Vent stack acceptable?  □ Y  □ N*  □ N/A* (not required at time of permit)
Maintenance Agreement? □ Y  □ N* Discharge to?_____________________
Why?_____________________
(Evaporation Bed, direct discharge, etc.)

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J:\Envir\operational inspector information\2015 Checklist  Revised 7/29/20
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

<table>
<thead>
<tr>
<th>Flow</th>
<th>□ Y</th>
<th>□ N</th>
<th>Odor</th>
<th>□ Y*</th>
<th>□ N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Collected</td>
<td>□ Y</td>
<td>□ N*</td>
<td>□ N/A*</td>
<td>Floating Debris, Oil, Sludge</td>
<td>□ Y*</td>
</tr>
<tr>
<td>Chlorine Provided</td>
<td>□ Y</td>
<td>□ N*</td>
<td></td>
<td>Visual Standards Met</td>
<td>□ Y</td>
</tr>
<tr>
<td>Chlorine Residual</td>
<td>□ Y</td>
<td>□ N*</td>
<td></td>
<td>Fecal Coliform</td>
<td></td>
</tr>
</tbody>
</table>

*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:________________________________________________________

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**Code Violations:**____________________________________________________

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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:_________________