

PLEASE SUBMIT THIS REQUEST WITH THE \$300.00 FEE PAYABLE TO THE ST. CLAIR COUNTY HEALTH DEPARTMENT. FEE DUE BEFORE INSPECTION IS SCHEDULED.

ACCESS TO THE HOUSE AND OPERATIONAL WATER SUPPLY REQUIRED.
ALL SEPTIC TANKS ARE REQUIRED TO BE UNCOVERED FOR INSPECTION PURPOSES.

Home Loan # _____
(official use only)

HOME LOAN INSPECTION REQUEST FORM

Property Address/City: _____
IF HOUSE IS VACANT FOR MORE THAN ONE WEEK, THE WATER NEEDS TO BE RAN ONE HOUR BEFORE THE TIME OF INSPECTION

Current Owner: _____ Mailing Address: _____

Property ID (parcel #): _____ occupied _____ vacant _____ how long _____

Directions:

Previous Owner(s) if Known: _____ Bedrooms _____ Age of House _____

Name of Buyer: _____ Closing Date: _____
WE RECOMMEND THE INSPECTION BE REQUESTED A MINIMUM OF 2 WEEKS PRIOR TO CLOSING

Contact for Inspection: _____ Phone Number: _____

SYSTEM INFORMATION: Septic Tank/Laterals _____ Buried Sand Filter _____ Date Last Pumped: _____
Aeration Unit _____ Date Last Serviced _____ Serviced By _____ Date Last Pumped: _____

WELL INFORMATION: Well Water _____ Public Water _____ Semi-Private Well? Yes/No
Are there other wells/cisterns on property? _____

IF ABANDONED, THEY WILL BE REQUIRED TO BE PROPERLY SEALED

Water Sample Taken By: _____ (Tek Lab ___ IDPH ___)
ADDITIONAL LAB FEE FOR WATER SAMPLES

RESULTS ISSUED TO:

NAME/ADDRESS: _____

FAX NUMBER: _____ **ATTENTION:** _____

A COPY OF ALL REPORTS WILL BE SENT TO CURRENT OWNER

OFFICE USE ONLY:

Type of System: _____ Permit # (if known) _____
Date/Time of Inspection: _____ (ONLY SCHEDULED BY INSPECTORS)

Inspector: _____ Abated: _____ Date: _____

Fee: \$300.00 Paid By: _____ Date: _____ Check # _____

Name: _____ Contact Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month/Year: _____ Security Code: _____

Applicant's Signature _____ Date _____