

ATTENTION:

Though Jackson County Health Department (JCHD) strives to meet all evaluation requests in a timely manner, arranging for an evaluation can take up to 10 days. Please review the following guidelines prior to requesting a sewage evaluation by JCHD.

The homeowner shall be responsible for the following prior to JCHD conducting the sewage evaluation:

1. The lawn area where the sewage system and any of its components are located shall be mowed and free of noxious weeds.
2. Depending upon the type of sewage system serving the residence, the following components shall be exposed for the evaluation: NOTE: This must be done by a Jackson County licensed sewage contractor or the homeowner ONLY.
 - a. **Septic tank (followed by lagoon, sand filter, lateral lines):** expose inlet and outlet baffles.
 - b. **Aeration** (Jet, AquaKlear, Norweco, Nayadic, Whitewater, etc.) - JCHD must have access to all electrical components (alarm, motor, etc.) and chlorination tank.
 - c. Lift station components must be exposed.

OTHER ITEMS TO NOTE:

Request forms shall be completed entirely. All information is pertinent to the evaluation. The request must be signed by the homeowner and the fee must be paid in advance. The original request must be submitted.

Copies of receipts for pumping and/or service if done recently, plus receipts associated with any maintenance agreements will be helpful both to JCHD and future homeowners.

JCHD reserves the right to reschedule the inspection when inclement weather exists.

Since repairs may be necessary we suggest scheduling evaluations very early in the selling process to ensure that any repairs or upgrades can be completed without delay to closing.

JCHD requires a **minimum** of 5 days to perform the evaluation.

No evaluation will be conducted unless the home has been continuously occupied for at least sixty (60) days prior to the date of the evaluation.

Refunds for sewage evaluations will not be given if JCHD has conducted a visit to the site.

The homeowner MUST indicate if a copy is to be sent to buyer.

Jackson County Health Department

P.O. Box 307, Murphysboro, IL 62966

Phone (618) 684-3143, ext. 128

PRIVATE SEWAGE SYSTEM EVALUATION REQUEST FORM

The Health Department will not conduct an evaluation of unoccupied residences.

Evaluation Fee: \$230 (payable in advance, will cover evaluation and one additional site visit. Any further visits will require a fee of \$40 each)

Name of Owner: _____ Ph. No. _____

Address: _____ City: _____

Subdivision (**required**): _____ Lot No. _____

Tax Parcel No. (**required**): _____

Common directions to home: _____

Home information: No. bedrooms: _____ Garbage disposal: Y () N ()

Sewage System information: Age of System: _____ Tank last pumped (date): _____

_____ Aeration System (Type: _____)

_____ Buried Sand Filter

_____ Waste Stabilization Pond

_____ Recirculating Sand Filter

_____ Seepage Field

NOTE: This evaluation does not guarantee continued operation of the system. If a system is found to be malfunctioning at the time of the evaluation, the homeowner will be required to repair or upgrade the system. By signing this form, the owner is giving consent to the Health Department to access the property at reasonable times for evaluation.

The owner expressly and unconditionally waives and releases the Jackson County Health Department and the County of Jackson, and all of their respective employees, officers, directors, and agents from any and all liability, damages, costs, fees, and lawsuits occasioned by and as a result of its evaluation and if applicable, the release of the evaluation to third persons or parties as indicated below.

Date: _____ **Owner's Signature** _____

REQUIRED: Send copy of evaluation to buyer/agent(s): _____ Yes _____ No

Copy of evaluation letter to be sent to: _____

Phone: _____ Fax: _____