



MCHENRY COUNTY DEPARTMENT OF HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 2200 NORTH SEMINARY AVENUE
 WOODSTOCK, ILLINOIS 60098
 PH: 815-334-4585
 FAX: 815-334-4637
 WEBSITE: www.mcdh.info

OFFICE USE ONLY	STAFF INITIALS:
DATE RECEIVED:	
CHECK # / CASH / CREDIT CARD:	
AMOUNT RECEIVED:	
RECEIPT NUMBER:	
RFS NUMBER:	
PROGRAM CODE:	
PRIORITY:	
STAFF:	

**SALE OF PROPERTY EVALUATION FORM
 WELL AND SEPTIC**

APPLICANT <input type="checkbox"/> Check if same as owner	PROPERTY OWNER
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

PROPERTY INFORMATION	
Address:	<i>Check All That Apply:</i> <input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated <input type="checkbox"/> Residential Use <input type="checkbox"/> Non-Residential Use
City, State, Zip:	
Parcel Pin Number:	
Subdivision Name:	
Lot Number and Block:	

CONTACT PREFERENCE	
Contact Person:	<input type="checkbox"/> Applicant <input type="checkbox"/> Owner
Preferred Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone
Preferred Method of Correspondence:	<input type="checkbox"/> Email <input type="checkbox"/> Mail

Please include a sketch showing driveways and all buildings. Septic tank shown by rectangle; septic field location indicated by lines; well indicated by circle. Distances can be estimated. Indicate North with an arrow.

FEES	
<input type="checkbox"/> Private water supply and private sewage disposal system	\$245.00
<input type="checkbox"/> Private water supply only	\$200.00
<input type="checkbox"/> Private sewage disposal system only	\$200.00

*****AN ADDITIONAL \$18.00 FEE WILL BE CHARGED FOR EACH RESAMPLE OF UNSATISFACTORY WATER.*****

Access to interior of residence, property, and septic tank will be required to complete the evaluation.

Applicant's signature serves as written acknowledgement that the property owner(s) are aware of the requested evaluation and property access requirements for Department staff to complete evaluation.

Applicant Signature & Print: _____ Date: _____