

Request for an Evaluation of a Mortgage Inspection

Please complete the entire form. If unknown or non applicable please indicate.

Mail to: Clark Co. Health Dept. 997 N. York St., P.O. Box 266, Martinsville, IL 62442 OR

Fax to: (217) 382-4810

Check type of evaluation requested:

Well Only (\$50) Septic Only (\$50) Well & Septic (\$75)
 Water Test Only (\$18) All (\$93)

Property Address: _____

Directions to Property:

Evaluation Requested By:

Company or Individual Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Mail Report to:

Name: _____

Address: _____

Property Owner:

Name: _____

Address: _____

Phone: _____

Sewage:

Year Home Built _____ Original Owners Name _____

Type of Septic System _____

Location of Septic System _____

Are there Service/Maintenance Records _____

Number of Bedrooms _____ Number of Current Occupants _____

Number of Anticipated Occupants _____

Is the Home Vacant _____ If so, For How Long _____

Water:

Type of Well _____ Year Constructed _____ Is well chlorinated? _____

Location _____

Depth _____ Diameter _____ Location of Pump _____

Are there Service/Maintenance Records _____

I have read and agreed to the terms of the Clark County Health Department Private Water and Sewage Mortgage Policy.

Signature _____ Date _____