

KANKAKEE COUNTY HEALTH DEPT.  
DIVISION OF ENVIRONMENTAL HEALTH  
2390 W. STATION STREET  
KANKAKEE, IL 60901  
(815) 802-9410 FAX (815) 802-9411

REQUEST # _____
PAYMENT AMOUNT \$ _____
CHECK ___ CASH ___ CREDIT ___
RECEIVED BY _____
APPROVED BY _____

**SANITARY SURVEY APPLICATION FORM**

This section must be completed in its entirety by the sanitary survey applicant prior to the survey by the Kankakee County Health Department. Failure to provide complete and accurate information could result in an unnecessary delay in the issuance of a final report. Sanitary Surveys are not required by the Kankakee County Health Department. The Sanitary Survey fee is \$100.00 for a septic inspection, \$100.00 for a well inspection or \$200.00 for a septic/well inspection.

Check type of survey requested: Well Only \_\_\_\_\_ Septic Only \_\_\_\_\_ Septic & Well \_\_\_\_\_

Survey Requested by: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of Requester: \_\_\_\_\_ City \_\_\_\_\_

Property Owner: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_ City \_\_\_\_\_

Survey Fee Paid By \_\_\_\_\_ Survey Conducted By \_\_\_\_\_

Location of Property: County \_\_\_\_\_ Township \_\_\_\_\_ Subdivision \_\_\_\_\_  
Lot Number \_\_\_\_\_ P.I.N \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Directions to Property \_\_\_\_\_

Address of Property to be Surveyed: \_\_\_\_\_

Is house occupied? Yes \_\_\_ No \_\_\_ If no, how long has it been vacant? \_\_\_\_\_

Who is to be contacted for entry? \_\_\_\_\_ Phone ( ) \_\_\_\_\_

When you provide a check as payment, you authorize us to use information from your check to process a one-time Electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of \$25.00 by EFT or drafts drawn from your account. Credit card instructions are below.

**If you would like to pay by credit card, please fill out the following information:**

( ) Please charge my credit card for the amount as indicated above:

**Card Type (Please Circle):** VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_

CVS#: \_\_\_ EXP. DATE: \_\_\_/\_\_\_

I understand that the fee for this service is payable in advance and that the survey report requires seven to ten working days to complete.

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

Indicate location of house, well and sewage disposal system:

A large, empty rounded rectangular box with a thin black border, intended for drawing or indicating the location of a house, well, and sewage disposal system.