



**KANKAKEE COUNTY**  
**HEALTH**  
**DEPARTMENT**

2390 West Station Street  
Kankakee, Illinois 60901  
Phone: 815-802-9400  
Fax: 815-802-9391  
[www.kankakeehealth.org](http://www.kankakeehealth.org)

**KANKAKEE COUNTY HEALTH DEPARTMENT**  
**Division of Environmental Health**

**SEWER AND/OR WATER EVALUATION PROCEDURE**

Individuals requesting sewer and water evaluations must complete a Sanitary Survey Application Form. This form is to be submitted along with the \$150.00 (septic inspection), \$250.00 (well inspection, which includes a water sample) or \$400.00 (for septic and well inspection) application fee. If the application is not complete, the survey requestor will be contacted for further information. The survey cannot be started until all the necessary information is in place. Sanitary Surveys are not required by the Kankakee County Health Department due to the sale or refinancing of the home at this time.

The assigned Sanitarian will conduct a record review to ensure that the property has not been previously evaluated. The P.I.N. (Parcel Number) will be cross checked.

An appointment will be made with the contact person for an on-site systems evaluation. The entire septic tank top must be uncovered prior to the time of the inspection; or locate and mark the four corners and uncover the inlet and outlet lids of the tank. If the Department has a previous record of the system components, the Department may allow only the top portions of the inlet and outlet lids to be uncovered. The water system must be operational to conduct the inspection. A water sample will be collected if the property is served by a well.

After noting the liquid level of the septic tank, the tank is tested by filling the bathtub and allowing it to drain. Faucets will also be allowed to run. A dye test will be done at this time. The property will be checked the following day for signs of tracing dye.

When the well water sample results are received from the lab, the sanitarian will write a letter describing the condition of the systems found on the property. These letters are forwarded to the individual who requested and paid for the survey.

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 _____
DATE RECEIVED _____
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 \$150.00 for a septic inspection, \$250.00 for a well inspection or \$400.00 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 \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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 ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

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: \_\_\_\_\_

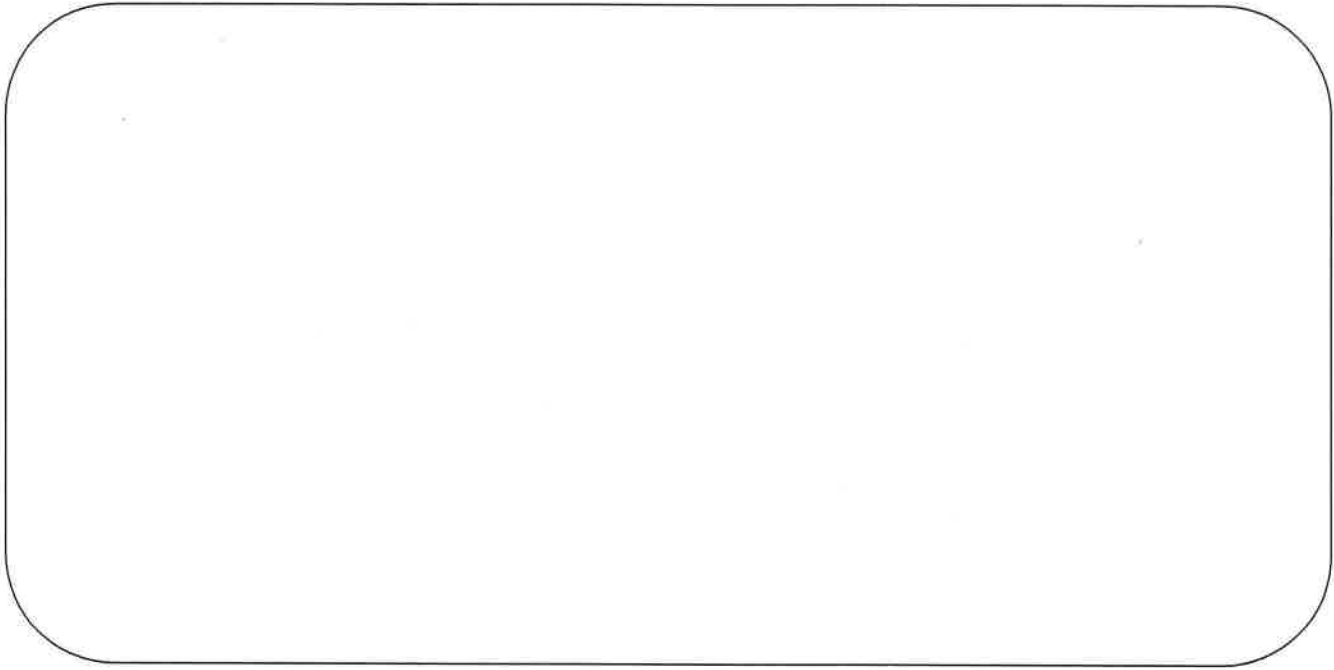
CVS#: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 a site plan or drawing. The box is horizontally oriented and occupies the upper half of the page.