

Request for Survey Private Water Supply Private Sewage Disposal Facilities

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| Applicant | | | |
| Name of Requestor: | | | |
| Common Address of Installation: | | | |
| City: | | State: | Zip Code: |
| Legal Description: | Lot: | Block: | Subdivision: |
| Township: | | Permanent Parcel Number: - - - , , , | |
| Access to the Property Information | | | |
| Authorized Agent/Owner | | | |
| Phone () - | | Alternate Phone () - | |
| Payment | | | |
| Check # is enclosed payable to the DuPage County Health Department | | | |
| Please indicate which test you are requesting | | | |
| <input type="checkbox"/> Property with well only (fee: \$200) | | | |
| <input type="checkbox"/> Property with septic system only (fee: \$225) | | | |
| <input type="checkbox"/> Property with both well & septic system (fee: \$250) | | | |
| Closing Date: | | | |
| Note: Survey fee is non-refundable once processing begins. Test results are considered confidential and will only be released to the requesting party. Results are written and will not be given over the telephone. | | | |
| Mail Request To | | | |
| DuPage County Health Department Environmental Health Services 111 N County Farm Rd Wheaton, IL 60187 | | | |
| Indicate Below if Property is Now Being Served By: | | | |
| <input type="checkbox"/> Public Sewer | | <input type="checkbox"/> Public Water Supply | |
| Mail Complete Survey To: | | | |
| Name: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |

| Client Signature | Print Name | Date |
|------------------|------------|------|
| | | |

Note:
 Health Department employee will enter property **ONLY** when accompanied by owner or owner's authorized agent.

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| PPN: | ID: | Date: |
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