



Public Health
Prevent · Promote · Protect
Logan County
Department of Public Health

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**EVALUATION REPORT FOR A LOGAN
COUNTY PRIVATE SEWAGE
DISPOSAL SYSTEM**

For Office Use Only

Log #: _____
Date Received: _____

This form is to be used for all inspections or evaluations of existing private sewage disposal systems in Logan County and shall be submitted to the Logan County Department of Public Health (LCDPH) no later than 30 days after performing the evaluation. It is essential that the inspection be as complete as possible to determine the condition of the entire system. This includes interviewing the person who resides at or uses the building the septic system serves. Please complete all sections of the form that apply to the private sewage disposal system being evaluated. The tank should be uncovered with the baffles, liquid, and sludge depths checked. The field should be probed to determine if there is water standing in the trenches. Upon probing, if it is determined there is water standing in the trenches, the Department of Public Health recommends a minimum of two locations in the trenches to be exposed to determine the condition trench material. Any sign the system is failing or has not functioned properly must be thoroughly documented on this report. Place all comments in the comment section on the last page. The Logan County Department of Public Health reserves the right to require a compliance inspection based upon the results of the evaluation and information (or lack thereof) submitted on this report. Therefore, it is highly recommended that this report be submitted to LCDPH for review *prior to scheduling* a closing on the property.

1. Current Owner Information:

2. Requestor Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

3. Property Information:

Parcel # (Tax ID): _____ Date Evaluation Performed: _____ Inspected By: _____

Address of property evaluated: _____ Sub. & Lot: _____

Permit available from Health Dept: Yes No Permit #: _____

4. Interview Information:

Person interviewed: _____

Original owner:.....Yes No

Intended for seasonal use:.....Yes No

Age of home (years): _____

Number of occupants: _____

Date last occupied: _____

If yes, how often: _____

Has tank ever been pumped: Yes No

5. Interior Evaluation:

Number of bedrooms: _____

Garbage disposal: Yes No

Toilet tanks and other fixtures have evidence of leakage or overflow: Yes No

Water Softener discharges to: _____

Clothes washer discharges to: _____

Dishwasher discharges to: _____

Hot tub discharges to: _____

Basement plumbing fixtures:

Discharge locations:

a. _____

a. _____

b. _____

b. _____

c. _____

c. _____

d. _____

d. _____

Basement floor drains discharge to: _____

Garage floor drains discharge to: _____

Sump pit/pump discharges to: _____

Downspouts discharge to: _____

6. Exterior Evaluation Points:

A. Septic Tank(s)—This Sections N/A

Septic tanks should not be pumped before this inspection, but should be pumped after the inspection, if needed.

Tank One: N/A <input type="checkbox"/>	Yes	No	Tank Two: N/A <input type="checkbox"/>	Yes	No
Depth of soil to top of tank: _____Inches			Depth of soil to top of tank: _____Inches		
Tank has access within 12" of ground surface <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank has access within 12" of ground surface <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size: _____Gallons Type:			Size: _____Gallons Type:		
Meets current code:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets current code:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank lids in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank lids in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet baffle in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inlet baffle in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of solids on inlet baffle:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of solids on inlet baffle:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet baffle in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlet baffle in good condition:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of solids on outlet baffle:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of solids on outlet baffle:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water standing in outlet:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water standing in outlet:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water level below outlet:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water level below outlet:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank needs to be pumped:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank needs to be pumped:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet device/filter on tank:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlet device/filter on tank:..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Back flow into tank from system after pumping:
 Yes No N/A

Back flow into tank from system after pumping:
 Yes No N/A

B. SEEPAGE FIELD—This Section N/A

) Depth to top of field: _____

Square feet of field: _____ Type: _____	Yes	No
Meets current code sizing requirements:.....	<input type="checkbox"/>	<input type="checkbox"/>
Seepage standing on ground surface:.....	<input type="checkbox"/>	<input type="checkbox"/>
Lush vegetation on saturated soil on or near seepage field area:.....	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that water has ponded over seepage field or the soil is saturated:.....	<input type="checkbox"/>	<input type="checkbox"/>
Solids or "carry over" material present in the rock or bedding material:.....	<input type="checkbox"/>	<input type="checkbox"/>
Depth of water in trench: _____		

C. SERIAL DISTRIBUTION/STEP-DOWN – This Section N/A

Are the serial distribution relief or "step-down" pipes in compliance with section 905.60 (d) of the code? **Yes** **No**

D. SEEPAGE BED—This Section N/A

Depth to top of bed: _____Inches to _____ Inches		
Square feet to bed: _____ Square Feet	Yes	No
Meets current code sizing requirements:.....	<input type="checkbox"/>	<input type="checkbox"/>
Seepage standing on ground surface:.....	<input type="checkbox"/>	<input type="checkbox"/>
Lush vegetation on saturated soil on or near seepage field area:.....	<input type="checkbox"/>	<input type="checkbox"/>
Evidence that water has ponded over seepage field or the soil is saturated:.....	<input type="checkbox"/>	<input type="checkbox"/>
Solids or "carry over" material present in the rock or bedding material:.....	<input type="checkbox"/>	<input type="checkbox"/>
Depth of water in bed: _____Inches		

E. Comments: _____

