

# 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:**

\_\_\_\_\_  
\_\_\_\_\_

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**Evaluation Requested By:**

Company or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Mail Report to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**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 \_\_\_\_\_

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**Water:**

Type of Well \_\_\_\_\_ Year Constructed \_\_\_\_\_ Is well chlorinated? \_\_\_\_\_

Location \_\_\_\_\_

Depth \_\_\_\_\_ Diameter \_\_\_\_\_ Location of Pump \_\_\_\_\_

Are there Service/Maintenance Records \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_