



Rex Vault Service

Owners Name:	Date of Inspection: 8-21-25
Address: 8320 State Route 1	Apt/Suite#
City: Lawrenceville State: IL	Zip: 62439

Homeowner/Realtor	
Home Vacant? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If Yes, Length of time:
Age of House? 860	Age of System?
# of Bedrooms? 4	
Is there a garbage disposal? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do the drains empty slowly? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Was there ever a backup? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Have any repairs of modifications been made to the system? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, Explain:	

System Review	
Type of System: <input type="checkbox"/> Septic <input type="checkbox"/> Septic w/ Pump <input checked="" type="checkbox"/> Aeration <input type="checkbox"/> Holding Tank	
Size: 820	
Location: Behind house	
Type of Drainage Area: <input type="checkbox"/> Leach Field <input type="checkbox"/> Sand filter <input type="checkbox"/> Evaporation Bed	
<input type="checkbox"/> Lagoon <input type="checkbox"/> Ground Surface	
Location:	

(A) Acceptable (NA) Non Applicable (NI) Not Inspected (D) Defective			
A	NA	NI	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Septic System Function			
Comments:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank			
Comments:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Level			
Comments:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sludge Level NA			
Comments:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet Tee/Baffle			
Comments:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet Tee/Baffle			
Comments:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage Area			
Comments:			



Was the drainage area saturated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If Yes, Explain:						
Was the tank pumped?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
If Yes, How many gallons:						
Did water run back into the tank from drainage field after pumping?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If Yes, Explain:						
Was water pumped through the system to test the drainage field?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
If Yes, Approximately How much?						
All components of the septic system inspected? (pumps, compressors, aerators, etc)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
If No, Explain: <i>Aerator is missing,</i>						

Comments:
<i>Tank needs pumped, needs an aerator, can not locate control box,</i>
<i>Can not locate outlet</i>

Inspectors Name:	Inspection Company: Rex Vault Service, Inc.
Inspectors Signature:	

When this system was originally installed it may have met the Illinois Department of Public Health Code. This report is for informational purposes only. If the Illinois Department of Public Health receives a complaint regarding any deficiency violation on this system at some future date and the complaint investigation confirms the allegation, then the property owner on record on the date of the complaint investigation would be responsible for bringing the system into compliance.