



**Green Earth Consulting  
Machesney Park IL 61115  
815-520-3432**

May 1st, 2019

**Rich Ranft  
Beloit Auction & Realty Inc.**

**Re: 15052 White School Rd, South Beloit, IL 61080**

Dear Mr. Ranft,

As you requested, the sewage disposal and potable water systems at the above address, were evaluated on April 29<sup>th</sup>, 2019.

A shock load test was conducted on the sewage disposal system and found the system flowing and functioning normally at that time. This test, however, in no way warrants the system will continue to perform properly. Tank additives, which claim to enhance septic tank function, do NOT remove the need for periodic pumping. Generally, a septic serving a year-round resident should be pumped every two or three years and the baffles inspected at that time.

During the course of the evaluation, I made a review of the potable water system that consisted of a drilled well located in front of the home. There were no obvious mechanical defects and the system appears to be in good working condition at this time. I did observe that the PVC well cap bracket was cracked and requires replacement (see photo). The pressure switch was turning on & off too rapidly. Contact an Illinois licensed well driller to evaluate the well further and to make necessary repairs. In addition, a water sample was collected. In addition, a water sample was collected. The results indicate that the water was negative for coliform bacteria and is considered satisfactory. The nitrate-nitrogen content in the water sample was 3.3 mg/L as Nitrogen, below the action level of 10 mg/L.

In closing, the scope of this inspection was limited to the well & private sewage disposal system serving this property. Furthermore, this inspection in no way warrants or guarantees that the well & private sewage disposal system will continue to operate satisfactory in the near or present future.

If you have any questions, please do not hesitate in giving me a call.

Sincerely,

*Chris R. Schuler*

**Chris R. Schuler  
BS, Licensed Environmental Health Practitioner  
License # 183-000558**

1111 Cedar Street  
 Rockford, Illinois 61102  
 779-348-7151



# Rockford Water Division Environmental Laboratory

Coliform Analysis Report

**A. Facility No.** \_\_\_\_\_

**B. Facility Name:** \_\_\_\_\_

**C. Sampling Period:** \_\_\_\_\_

APR 29 PM 6:44 *e*

**D. Surface Supply:** Yes  No

**Date/Time Rec'd:** \_\_\_\_\_

**E. Chlorine Exempt:** Yes  No

**Date/Time Set Up:** APR 30 PM 2:03 *o*

Samples must reach laboratory within 30 hours after collection  
 Items A-E & 1-6 must be completed or sample may be discarded.

**Date/Time Read:** MAY 1 PM 1:17 *R*

<b>1. Mail Water Supply Copy To:</b> Chris Schuler <hr/> <b>Address:</b> P.O. Box 2252 <hr/> <b>City:</b> Loves Park	<b>3. Date Collected:</b> 04/29/19 <hr/> <b>4. Sample Collector:</b> Chirs Schuler <hr/> <b>5. Sample Purpose:</b> <table style="width:100%; border: none;"> <tr> <td>Replacement</td><td><input type="checkbox"/></td> <td>Invalid Replacement</td><td><input type="checkbox"/></td> </tr> <tr> <td>Repeat</td><td><input type="checkbox"/></td> <td>Non-Community</td><td><input type="checkbox"/></td> </tr> <tr> <td>Follow-Up</td><td><input type="checkbox"/></td> <td>New Construction</td><td><input type="checkbox"/></td> </tr> </table> <hr/> Routine <input checked="" type="checkbox"/> Original Lab Sample No. _____ <hr/> Boil Order <input type="checkbox"/> Other: _____ <input type="checkbox"/> Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> New Construction Permit No. _____	Replacement	<input type="checkbox"/>	Invalid Replacement	<input type="checkbox"/>	Repeat	<input type="checkbox"/>	Non-Community	<input type="checkbox"/>	Follow-Up	<input type="checkbox"/>	New Construction	<input type="checkbox"/>
Replacement	<input type="checkbox"/>	Invalid Replacement	<input type="checkbox"/>										
Repeat	<input type="checkbox"/>	Non-Community	<input type="checkbox"/>										
Follow-Up	<input type="checkbox"/>	New Construction	<input type="checkbox"/>										
<b>2. Contact for Unsatisfactory Results:</b> <b>Name:</b> _____ <b>Phone:</b> _____ chris.schuler1@gmail.com      815.520.3432													

6. Coliform Sampling:				7.	8.	9.	10.	11.	
Bottle#	Sample Site# or Address	Sample Type	Time Collected	Res. Cl. F or T	Col Read	Total Coli	Fecal/Ecoli	Opin	Laboratory Sample No.
1	15052 White School Rd	Bacti.	5:30 PM			X	X	S	C191019
2	South Beloit, IL 61080								
3		3.3 ppm NO3							
4									
5									
6									
7									
8									
9									
10									
11									
12									

Method: Membrane Filter  Readycult

Person Notified: \_\_\_\_\_ Date: \_\_\_\_\_

No. of Bottles Sent: \_\_\_\_\_ Date: \_\_\_\_\_

Analyst: *[Signature]*

**Legend**  
 P = Present  
 A = Not Present  
 S = Satisfactory  
 U = Unsatisfactory

**Reason for Replacement:**  
 Samples more than 30 hours old  
 No Date/Time of Collection  
 Other: \_\_\_\_\_

Lab Cert. **17597**