**Whiteside County Health Department**
**1300 W 2nd Street, Rock Falls, IL 61071**
**(815) 772-7411 ext. 104 Fax (815) 772-4723**

## Corporate Private Sewage Disposal System Pumping Contractor
## Application For A License To Clean Private Sewage Disposal Systems

**License Fee - $220.00**

Business Name: _____ Business Phone: (____)_____

Business Address: _____
City State Zip Code

| Qualified Operators* | Cell # (if available) | State Lic. # (if applied for) |
|---|---|---|
| 1. _____ | | 054- _____ |
| 2. _____ | | 054- _____ |
| 3. _____ | | 054- _____ |
| 4. _____ | | 054- _____ |

* For a first time applicant, **not** state licensed, attach a copy of the Illinois Department of Public Health notice which states that the applicant passed the installer's exam with a 75% or better score.

### Disposal Site(s)

( ) Dispose at sewage treatment plant; identify plant _____

( ) Application to agricultural land (**Whiteside County Only**); list application sites below (use reverse side if necessary)

| Legal description of site | Acreage | Septage disposed/acre/month |
|---|---|---|
| 1. ____1/4, Sect.____, _____ Twp. | _____ | _____ Gal.s |
| 2. ____1/4, Sect.____, _____ Twp. | _____ | _____ Gal.s |
| 3. ____1/4, Sect.____, _____ Twp. | _____ | _____ Gal.s |
| 4. ____1/4, Sect.____, _____ Twp. | _____ | _____ Gal.s |

### Compliance Agreement

The undersigned agrees to; 1. Comply with Section 905.170 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act And Code, 2. Allow only a qualified employee to engage in servicing, cleaning, transporting and disposal of wastes from private sewage disposal systems, 3. Understands that the health officer may, in accordance with Section 20-76 of the Whiteside County Public Health Code, suspend or revoke a corporate license if, after a hearing, incompetency, negligence, misrepresentation or failure to comply with the code is determined.

**Owner/Supervisor Signature:** _____ **Application Date:** _____

| Approved? | Approved By _____ |
|---|---|
| YES NO | Date_____ |