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 Installation Contractor
Application For A License To Install Private Sewage Disposal Systems

License Fee - $190.00

Business Name: _____

Business Address: _____
City State Zip Code

Business Telephone # (_____)_____

Qualified Owner(s)/Employee(s)*	Cell # (if available)	State Lic. # (if applied for)
1. _____	_____	049-_____
2. _____	_____	049-_____
3. _____	_____	049-_____
4. _____	_____	049-_____
5. _____	_____	049-_____
6. _____	_____	049-_____

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

Compliance Agreement

The undersigned agrees to provide supervision to assure compliance with the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code. The undersigned will assure that at least one qualified employee be present during the constructing, installing, altering or repairing of any sewage disposal system or major component.

In accordance with Section 20-76 of the Whiteside County Public Health Code, the undersigned understands that the health office has the authority to rescind a permit if a pre-cover inspection determines that the installation, alteration or repair does not meet minimum code requirements, and understands that the health officer may 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: _____ **Date:** _____

Approved? Approved By _____

YES NO Date_____