

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

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

**License Fee - \$150.00**

Business Name: _____			
Business Address: _____			
	City	State	Zip Code
Business Telephone # (_____) _____			
Qualified Applicant*		State Lic. # (if applied for)	
_____		049- _____	
Cell # (if available) _____			
<p>* For a first time applicant, <b>not</b> 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.</p>			

**Compliance Agreement**

The undersigned agrees to be present at all times 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 officer 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.

**Applicant's Signature:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

Approved?	Approved By _____
YES    NO	Date _____