

Illinois Department of Public Health
Division of Environmental Health
PRIVATE SEWAGE DISPOSAL PROGRAM
525 West Jefferson St., Springfield, IL 62761

PRIVATE SEWAGE EXAMINATION APPLICATION INFORMATION

Please read the following in its entirety.

- ▶ All applications **must be in** Springfield **at least 30 days before the date of examination.** See table on reverse side.
 - ▶ The **seating is limited.** Applicants are placed, and seating reserved, as the Department receives completed applications based on availability of 1st and 2nd date selections.
 - ▶ Only one examination may be taken by an applicant on any specific examination date.
Applicants will be given 3 hours for taking the Installation exam and 2 hours for the pumping examination.
 - ▶ Photograph of applicant must be attached to each application for examination. Current, clear, and color photo (think “passport photo”). No hats, dark glasses, or old driver’s license photographs will be accepted.
 - ▶ Be sure to provide an e-mail address where the Letter of Attendance and all study materials can be sent.
All study material(s) **and the letter of admission are sent electronically after the application has been received in this Office.**
- The Department has gone digital. “Hard Copies” of codes and study materials are no longer being printed.
It will be sent electronically along with your letter of admission
- ▶ Be sure to check the appropriate box regarding child support, sign and date your application. Only applicant’s Signature is accepted.
 - ▶ Applicants **will not** be allowed to bring any material into the examination other than pencils and a non-programmable calculator. All Other necessary information to take the examination will be included in the examination booklet.
 - ▶ Incomplete applications will be returned which may cause a delay in processing your application.

PRIVATE SEWAGE EXAMINATION APPLICATION

**ATTACH CURRENT
2' X 2'
HEAD AND SHOULDERS
COLOR ONLY
PHOTOGRAPH
HERE**
No Hats or Dark Glasses
No Photo Copies or
Old Driver's Licenses

RETURN TO:

Illinois Department of Public Health,
Division of Environmental Health,
525 W. Jefferson St.
Springfield, IL 62761

If you have any questions, telephone: 217.785.2069.

EXAMINATION FEE is \$100.00. EXAMINATION FEES ARE NOT REFUNDABLE.

Send Check or Money Order, Payable to Illinois Department of Public Health.

Have You Previously Taken an Examination? YES ____ (Date of Examination _____) or NO ____

Indicate by checkmark which examination is to be taken (only one examination may be taken on a specific date).

Private Sewage Disposal Installation Contractor OR **Private Sewage Disposal Pumping Contractor**

IMPORTANT NOTE:

**LETTERS OF ATTENDANCE AND ALL STUDY MATERIALS ARE NOW BEING SENT ELCTRONICALLY.
PLEASE PROVIDE AN E-MAIL ADDRESS WHERE THIS INFORMATION CAN BE SENT.**

E-mail Address _____ (Required)

APPLICANT INFORMATION – Home and Business Information Sections MUST be Completed

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
HOME MAILING ADDRESS _____ COUNTY _____
CITY _____ STATE _____ ZIP CODE _____ HOME TELEPHONE ____/____-____
SOCIAL SECURITY # ____/____/____ DATE OF BIRTH ____/____/____

BUSINESS NAME _____
BUSINESS MAILING ADDRESS _____ COUNTY _____
CITY _____ STATE _____ ZIP CODE _____ BUSINESS TELEPHONE ____/____-____

INDICATE 1ST AND 2ND CHOICE FOR EXAMINATION DATE AND LOCATION

1) _____
DATE LOCATION
2) _____
DATE LOCATION

CHECK BOX, SIGN, & DATE THIS FORM. It is required by law (5ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to check and sign this certification will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). I hereby certify, under penalty of perjury, that issues of court ordered child support

DOES NOT apply to me or
 I AM delinquent or
 I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature Date

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EXAMINATION DATE	DAY OF WEEK EXAM WILL BE HELD	2020 Examination Dates Examination Locations	DATE APPLICATION IS DUE IN SPRINGFIELD (30 Days Before the Examination Date)
January 10, 2020	<i>Friday</i>	Springfield –DNR	December 10, 2019
January 17, 2020	<i>Friday</i>	IALEHA Conference, Marriott Hotel & Conference Center, Normal	December 17, 2019
January 21, 2020	<i>Tuesday</i>	Marion Regional Office, Marion	December 20, 2019
January 28, 2020	<i>Tuesday</i>	OWPI Conference, Gateway Convention Center, Collinsville	December 27, 2019
February 4, 2020	<i>Tuesday</i>	West Chicago Regional Office, West Chicago	January 3, 2020
March 3, 2020	<i>Tuesday</i>	Rockford Regional Office, Rockford	February 3, 2020
March 4, 2020	<i>Wednesday</i>	Edwardsville Region, Glen Carbon	February 4, 2020
April 7, 2020	<i>Tuesday</i>	Peoria Regional Office, Peoria	March 6, 2020
April 8, 2020	<i>Wednesday</i>	Springfield – DNR	March 9, 20120
May 5, 2020	<i>Tuesday</i>	Marion Regional Office, Marion	April 6, 2020
June 2, 2020	<i>Tuesday</i>	Peoria Regional Office, Peoria	May 5, 2020
July 8, 2020	<i>Wednesday</i>	Springfield –DNR	June 10, 2020
August 4, 2020	<i>Tuesday</i>	West Chicago Regional Office, West Chicago	July 3, 2020
September 16, 2020	<i>Wednesday</i>	Springfield – DNR	August 17, 2020
October 6, 2020	<i>Tuesday</i>	Rockford Regional Office, Rockford	September 7, 2020
October 20, 2020	<i>Tuesday</i>	Marion Regional Office, Marion	September 21, 2020
November 4, 2020	<i>Wednesday</i>	Springfield – DNR	October 5, 2020

Please call to confirm seating availability before mailing application.

Call 217.782-5830 or e-mail DPH.privatesewage@illinois.gov