

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 ELECTRONICALLY.
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

IMPORTANT NOTICE. This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0529 (REV. 9/2014)

06/18/2018

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EXAMINATION DATE	<i>DAY OF WEEK EXAM WILL BE HELD</i>	2019 Examination Dates Examination Locations	DATE APPLICATION IS DUE IN SPRINGFIELD (30 Days Before the Examination Date)
January 9, 2019	Wednesday	Springfield – DNR	December 7, 2018
January 18, 2019	Wednesday	IACLEHA Conference, Marriot Hotel & Conference Center, Normal	December 18, 2018
January 22, 2019	Tuesday	Marion Regional Office, Marion	December 21, 2018
January 29, 2019	Tuesday	OWPI Conference, Gateway Arch Ctr., Collinsville	December 28, 2018
February 5, 2019	Tuesday	West Chicago Regional Office, West Chicago	January 4, 2019
March 5, 2019	Tuesday	Rockford Regional Office, Rockford	February 5, 2019
March 6, 2019	Wednesday	Edwardsville Region, Glen Carbon	February 6, 2019
April 2, 2019	Tuesday	Peoria Regional Office, Peoria	March 1, 2019
April 10, 2019	Wednesday	Springfield – DNR	March 8, 2019
May 7, 2019	Tuesday	Marion Regional Office, Marion	April 5, 2019
June 4, 2019	Tuesday	Peoria Regional Office, Peoria	May 4, 2019
July 10, 2019	Wednesday	Springfield – DNR	June 10, 2019
August 6, 2019	Tuesday	West Chicago Regional Office, West Chicago	July 6, 2019
September 18, 2019	Wednesday	Springfield – DNR	August 16, 2019
October 1, 2019	Tuesday	Rockford Regional Office, Rockford	September 2, 2019
October 22, 2019	Tuesday	Marion Regional Office, Marion	September 20, 2019
November 6, 2019	Wednesday	Springfield – DNR	October 4, 2019

Please call to confirm seating availability before mailing application.

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