



STARK COUNTY HEALTH DEPARTMENT

110 N Burr Blvd, Kewanee, IL. 61443

309-852-3115

www.henrystarkhealth.com

Public Health
Prevent. Promote. Protect.

Private Sewage Disposal Contractor/Portable Sanitation Business Registration Form

Type of Contractor/Business (check all that apply)

- Private Sewage Disposal Installation Contractor. Registration Fee: \$100.00
- Private Sewage Disposal Pumping Contractor. Registration Fee: \$100.00
- Both. Registration Fee: \$200.00
- Portable Sanitation Business. Registration Fee: N/A

****NOTE: This form is PER CONTRACTOR and is NOT intended to register the company**

PLEASE PRINT

Contractor Name: _____

Home Address: _____
(Include Number, Street, PO Box, City, State, and ZIP Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Business Name: _____

Business Address: _____
(Include Number, Street, PO Box, City, State, and Zip Code)

Business Phone: _____ Business Cell Phone: _____

Business Fax: _____ Business Email: _____

System Installer Information

State License Number: _____ Expiration Date: _____

Are you Certified for service on the Aeration Units Yes No

If NO, provide further information about the service provider:

Name: _____

Address: _____
(Include Number, Street, PO Box, City, State, and Zip)

Phone: _____

Compliance Agreement

The undersigned agrees to perform construction or excavation and/or provide direct supervision to assure compliance with the Illinois Department of Public Health Private Sewage Disposal Licensing Act & Code. The undersigned will assure that at least one Licensed and Registered installer be present during the constructing, installing, modifying, maintaining or repairing of any sewage disposal system or major component.

Signature

Date

Tank Pumper Information

State License Number: _____ Expiration Date: _____

Dispose at sewage treatment plant; identify plants: _____

Application to agricultural land (Stark County only); List sites below

<u>Legal Description of Site</u>	<u>Acreage</u>	<u>Septage disposed/acre/month</u>
____ 1/4, Section _____, _____ Township	_____	_____ Gallons
____ 1/4, Section _____, _____ Township	_____	_____ Gallons

Compliance Agreement

The undersigned agrees to comply with Section 905.170 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act & Code, and allow only a qualified employee to engage in servicing, cleaning, transporting and disposal of wastes from private sewage disposal systems.

Signature

Date

Portable Sanitation Business Information

State License Number: _____ Expiration Date: _____

Number of Portable Toilets: _____

Number of Portable Handwashing Units: _____

Number of Portable Sanitation Technicians: _____

Number of Portable Service Sanitation Technician Trainees: _____

Compliance Agreement

The undersigned agrees to comply with Section 905.135 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act & Code, and allow only a qualified employee to engage in servicing, cleaning, sanitizing or maintaining a portable toilet or portable potable hand washing unit, or pump, transport or dispose of waste from portable toilets or portable potable hand washing units.

Signature

Date

FOR OFFICE USE ONLY

Amount Paid _____

Payment Type _____

Paid By _____

Date Paid _____