



**HENRY COUNTY HEALTH DEPARTMENT**

4424 US Hwy 34, Kewanee, IL 61443

309-852-0197

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 (Henry 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 \_\_\_\_\_