

**Individual Private Sewage Disposal System Pumping Contractor  
Application for a License to Clean Private Sewage Disposal Systems**

**License Fee - \$75.00**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
City          State          Zip Code

Business Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Qualified Applicant\*                      Cell # (if available)                      State Lic. # (if applied for)  
 \_\_\_\_\_                      \_\_\_\_\_                      054- \_\_\_\_\_

\*For a first time applicant, **not** 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.

**Disposal Site(s)**

( ) Dispose at sewage treatment plant; identify plant \_\_\_\_\_

( ) Application to agricultural land (Whiteside County only); list application sites below (use reverse side if necessary)

Legal description of site	Acreage	Septage disposed/acre/month
1. _____ 1/4, Sect. _____, _____ Twp.	_____	_____ Gal.s
2. _____ 1/4, Sect. _____, _____ Twp.	_____	_____ Gal.s
3. _____ 1/4, Sect. _____, _____ Twp.	_____	_____ Gal.s
4. _____ 1/4, Sect. _____, _____ Twp.	_____	_____ Gal.s
5. _____ 1/4, Sect. _____, _____ Twp.	_____	_____ Gal.s

**Compliance Agreement**

The undersigned agrees to comply with Section 905.170 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act And Code and understands that the health officer may, in accordance with Section 20-76 of the Whiteside County Public Health Code, suspend or revoke the pumpers 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 _____