Whiteside County Health Department 1300 W 2nd Street, Rock Falls, IL 61071 (815) 772-7411 ext. 104 Fax (815) 772-4723

Individual Private Sewage Disposal System Pumping Contractor Application For A License To Clean Private Sewage Disposal Systems

License Fee - \$150.00

Business Name:				
Business Address:				
Business Telephone # ()	City	State	Zip Code	
Qualified Applicant*	Cell # (if available)	State Li	ic. # (if applied for)	
		054		
* For a first time applicant, not state lic states that the applicant passed the insta		is Department of Publ		
	Disposal Site(s)			
) Dispose at sewage treatment plant; id	entify plant			
) Application to agricultural land (Whi				
Legal description of site	Acreag	e Septage d	lisposed/acre/month	
1/4, Sect,	Twp.		Gal.s	
1/4, Sect,	Twp.		Gal.s	
1/4, Sect,	Twp.		Gal.s	
1/4, Sect,	Twp.		Gal.s	
1/4, Sect,	Twp.		Gal.s	
	Compliance Agreement			
The undersigned agrees to comply with Section in the control of th	the health officer may, in accordance	e with Section 20-76 of	the Whiteside County Pub	
Applicant's Signature:		Application Date:		
Approved? Approved By	7			