



WINNEBAGO COUNTY HEALTH DEPARTMENT

Mail to: P.O. Box 4009
Rockford, IL 61110

Phone: (815)720-4100

Website: www.wchd.org

Location: 555 N Court St
Rockford, IL 61103

Fax: (815)720-4203

E-mail: environmental@wchd.org

OFFICE USE ONLY

Date Rec'd: _____

Amt. Rec'd: _____

Check #/Cash: _____

Receipt: _____

SEPTIC SYSTEM CONTRACTOR/INSTALLER

APPLICATION FOR LICENSE

Fee: \$65.00

APPLICANT INFORMATION

NAME: _____ PHONE: _____
(Individual to hold license)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WCHD SEPTIC CONTRACTOR/INSTALLER LICENSE NUMBER: _____

ILLINOIS SEWAGE DISPOSAL INSTALLATION CONTRACTOR LICENSE NUMBER: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF CONSTRUCTION CREWS: _____

CREW INSTALLER NAME: _____ LICENSE NUMBER: _____

CREW INSTALLER NAME: _____ LICENSE NUMBER: _____

CREW INSTALLER NAME: _____ LICENSE NUMBER: _____

CREW INSTALLER NAME: _____ LICENSE NUMBER: _____

CONSTRUCTION MATERIAL INFORMATION

ITEM	SIZE OR TYPE	CONTRACTOR MADE	PURCHASE (GIVE NAME AND ADDRESS)	STATE APPROVAL NUMBER
SEPTIC TANK(S)				
DISTRIBUTION BOX				
TILE				
STONE				
OTHER				

Applicant must submit training certificate or proof of continuing education credit from IDPH-approved training provider. Certificates/credits must have been earned within 1 year of this application and must not have been used for the previous year's license.

I, the undersigned, hereby certify that the above information is correct and should any of this information change, I agree to notify the Winnebago county Department of Public Health of any changes promptly and in writing. Furthermore, I understand and agree to abide by the requirements of the Private Sewage Disposal Code of Winnebago County (Chapter 9, Art. V).

APPLICANT SIGNATURE _____

DATE: _____

SANITARIAN SIGNATURE _____

DATE: _____

By typing your name in the signature box above, you are electronically signing this document.