



WINNEBAGO COUNTY HEALTH DEPARTMENT
 401 Division Street
 P.O. Box 4009
 Rockford IL 61110

OFFICE USE ONLY

Date Rec'd: _____
 Amt. Rec'd: _____
 Check #/Cash: _____
 Receipt: _____
 Truck Decal #: _____

**SEPTIC TANK CLEANER/PUMPER
 APPLICATION FOR LICENSE
 Fee: \$65.00**

APPLICANT INFORMATION

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

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WINNEBAGO COUNTY HEALTH DEPARTMENT
 SEPTIC TANK CLEANER/PUMPER LICENSE NUMBER: _____

STATE OF ILLINOIS PRIVATE SEWAGE DISPOSAL
 PUMPING CONTRACTOR LICENSE NUMBER: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PUMPER TRUCK INFORMATION

NUMBER OF TRUCKS: _____ ADDRESS WHERE TRUCK(S) ARE KEPT: _____

NAME/ADDRESS DISPLAYED IN 8 INCH HIGH LETTERS ON BOTH SIDES OF TRUCK? Yes No

TANK CAPACITY: _____ (in gal) TANK CONDITION (fly tight, leak proof): _____

TYPE OF PUMP: _____ SELF PRIMING: Yes No

DISCHARGE NOZZLE CAPPED: Yes No DIAMETER OF HOSES : _____

CONDITION OF HOSES (Leaks, Cracks): _____

INTERIM STORAGE FACILITIES

Do you have any method of storing septic tank pumping other than on your truck(s)? Yes No
 If yes, please complete the following:

Type of storage unit(s): _____ Type of materials: _____

Number of storage unit(s): _____ Capacity of each storage unit: _____

Unit(s) covered or enclosed? _____ Unit(s) vented? Yes No

Storage facility address: _____

DISPOSAL INFORMATION

Method of Disposal		Location	Amount in Gal/Year		Approved by treatment authority
Municipal sewer or treatment plant					
Landfill					
Land Disposal					
Describe disposal procedures:					

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: _____

10/27/2015