



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: \_\_\_\_\_

**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: \_\_\_\_\_