

**WINNEBAGO COUNTY HEALTH DEPARTMENT**

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

**Phone:** (815)720-4100

**Website:** [www.wchd.org](http://www.wchd.org)

**Location:** 555 N Court St

Rockford, IL 61103

**Fax:** (815)720-4203

**E-mail:** [environmental@wchd.org](mailto:environmental@wchd.org)

**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

Receipt: \_\_\_\_\_

Truck Decal #: \_\_\_\_\_

**2020**

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

Updated October 2019