

**WINNEBAGO COUNTY HEALTH DEPARTMENT**

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

**Location:** 555 N Court St  
Rockford, IL 61103

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

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

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

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

**OFFICE USE ONLY**

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

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

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

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

**2020**

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

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