

ST. CLAIR COUNTY HEALTH DEPARTMENT

19 PUBLIC SQUARE, STE 150

BELLEVILLE IL 62220

(618) 233-7769 FAX (618) 236-0676

**PRIVATE SEWAGE DISPOSAL SYSTEM  
INSTALLATION CONTRACTOR AND/OR PUMPING CONTRACTOR  
REGISTRATION APPLICATION**

**NOTE: You must be licensed by the State of Illinois as a Private Sewage Disposal System Installation Contractor and/or a Private Sewage Disposal System Pumping Contractor before a St. Clair County Registration Certificate will be issued. Any person who constructs, installs, modifies, maintains or services a private sewage disposal system must be licensed and registered as a Private Sewage Disposal System Installation Contractor.**

**LICENSE INFORMATION: \***

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Owner/Contact: \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

**\*List all licensed company representatives on the space provided**

Type of work performed: Check Appropriate Space(s)

Installer \_\_\_\_\_ Pumper \_\_\_\_\_ Both \_\_\_\_\_

If you are a pumper, indicate disposal site(s):

\_\_\_\_\_ Municipal Sewage Plant \_\_\_\_\_ Sanitary Landfill

\_\_\_\_\_ Private Site (specify): \_\_\_\_\_

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**LICENSE FEE: \$100.00 payable to the St. Clair County Health Department (personal checks accepted).  
Returned checks will incur a \$25.00 fee**

**All licensed representatives must submit a copy of their Illinois Department of Public Health Private Sewage Disposal System Contractor License with this application.**

**\*NAME OF LICENSEE:**

**STATE LICENSE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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**NOTE: All registration certificates shall expire December 31<sup>st</sup> of the year issued, except those issued in December will expire December 31<sup>st</sup> of the following year.**

**I agree to comply with the St. Clair County Private Sewage Disposal Ordinance 19-2.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**