



# HENRY COUNTY HEALTH DEPARTMENT

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www.henrystarkhealth.com

**Public Health**  
Prevent. Promote. Protect.

## SEPTIC PUMPER LICENSE APPLICATION

Please complete the information below and return this License Application, a copy of each current state license, and the license renewal fee of **\$100.00** to this office.

Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

<u>Licensed Pumpers</u>	<u>Cell Phone</u>	<u>State License #</u>	<u>Exp. Date</u>
_____	( ) - _____	_____	_____
_____	( ) - _____	_____	_____
_____	( ) - _____	_____	_____
_____	( ) - _____	_____	_____

### Disposal Site(s)

( ) Dispose at sewage treatment plant; identify plants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Application to agricultural land (**Henry County only**); list sites below (use reverse side if necessary)

<u>Legal Description of Site</u>	<u>Acreage</u>	<u>Septage disposed/acre/month</u>
_____ 1/4, Section _____, _____ Township	_____	_____ Gallons
_____ 1/4, Section _____, _____ Township	_____	_____ Gallons

### Compliance Agreement

The undersigned agrees to comply with Section 905.170 of the Illinois Department of Public Health Private Sewage Disposal Licensing Act And Code, and allow only a qualified employee to engage in servicing, cleaning, transporting and disposal of wastes from private sewage disposal systems.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_