



# STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34,  
KEWANEE, ILLINOIS 61443  
309-852-3115  
www.henrystarkhealth.com

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

## APPLICATION FOR A STARK COUNTY GEOTHERMAL EXCHANGE SYSTEM CONTRACTOR'S REGISTRATION

(Please Print)

Name of Applicant: \_\_\_\_\_

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

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

II. Name of Business: \_\_\_\_\_

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

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

Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

III. The applicant hereby agrees and acknowledges that he/she fully understands that the contractor's registration must be on file with the Stark County Health Department before work begins, in accordance with the Stark County Potable Water Ordinance Section 9.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Fee: **\$75.00** - Make check payable to the Stark County Health Department. All registrations for contractors expire on November 30th of the year of issue and must be renewed annually.

**FOR OFFICE USE ONLY**

1. Date received fee: \_\_\_\_\_ 3. Date application approved: \_\_\_\_\_

2. Fee received by: \_\_\_\_\_ 4. Application approved by: \_\_\_\_\_