



# STARK COUNTY HEALTH DEPARTMENT

4424 US Hwy 34, Kewanee, IL 61443

309-852-0197

www.henrystarkhealth.com

**Public Health**  
Prevent. Promote. Protect

## SEPTIC INSTALLER LICENSE APPLICATION

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

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

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

\_\_\_\_\_

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

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

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

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

Source of Drainfield Rock: \_\_\_\_\_ Source of Sand for Sand Filters: \_\_\_\_\_

Manufacturer / Distributor and Type of Gravel-less Tile: \_\_\_\_\_

Manufacturer / Distributor and Type of Aeration Unit: \_\_\_\_\_

Are you certified for service on the Aeration Units: YES NO

If NO, provide further information about the service provider:

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

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

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

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

### Compliance Agreement

The undersigned agrees to provide supervision to assure compliance with the Illinois Department of Public Health Private Sewage Disposal Licensing Act and Code. The undersigned will assure that at least one Licensed and Registered installer be present during the constructing, installing, altering or repairing of any sewage disposal system or major component.

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