

**CLINTON COUNTY HEALTH DEPARTMENT
PRIVATE SEWAGE INSTALLERS AND PUMPERS
REGISTRATION FORM**

FEE \$50

(Late payment charge of \$25 for forms received after December 31st)

Date: _____

State License Number: Installer _____ Pumper _____

License Holder Name: _____

Home Address: _____

Cell Phone Number: _____

Email Address: _____

Company Name and Address: _____

Company Phone Number: _____ FAX#: _____

LIST PRODUCT INFO: (i.e. manufacturer/dealer name, brand and model of system, ERT material)

_____, check if you would like to receive this form and other correspondence via email.

_____, check if you would like your contact information included in the Clinton County Sewage Permit Application Packet.

I agree to comply with the Clinton County Private Sewage Code and the Illinois Department of Public Health, Private Sewage Disposal Licensing Act and Code.

*Signature _____ *Date _____

Please complete this application and mail, fax or email it by December 31st to the Clinton County Health Department, 930 A Fairfax St., Carlyle, IL, 62231, Fax # 618-594-5474, environmentalhealth@clintonco.illinois.gov. Questions call 618-594-2723 ext. 324.

(For Health Department Use Only)

Date registration form received: _____ Date fee received _____, check# _____

Licensed to operate in Clinton County, approved by: _____

Registration#: _____ Date certificate issued: _____