

**CLINTON COUNTY HEALTH DEPARTMENT  
SEPTIC TANK MANUFACTURERS & AERATION UNIT DEALERS  
REGISTRATION FORM**

DATE:\_\_\_\_\_

IDPH APPROVAL NUMBER:\_\_\_\_\_

COMPANY NAME:\_\_\_\_\_

OWNER:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_ EMAIL:\_\_\_\_\_

SEPTIC TANK MANUFACTURER:        YES                NO

AERATION DEALER:                        YES                NO

AERATION SYSTEM:\_\_\_\_\_

All persons who hold a Septic Tank Manufacturers and/or Aerobic Unit Dealers Registration Certificate shall notify the Clinton County Health Department in writing within ten (10) days of the date of delivery or sale of a septic tank or aeration unit of the following information:

1. Name of Purchaser
2. Location of Delivery
3. Date of Sale and Delivery
4. Size of septic Tank or Model of Aeration Unit

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

\_\_\_\_\_, check if you would like your business name and phone number 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 31<sup>st</sup> to the Clinton County Health Department, 991 Franklin St., Carlyle, IL, 62231, Fax # 618-594-5474, [environmentalhealth@clintonco.illinois.gov](mailto:environmentalhealth@clintonco.illinois.gov). Questions call 618-594-2723 ext. 324.**

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(For Health Department Use Only)

Date Registration Form Received:\_\_\_\_\_

Registration Approved by:\_\_\_\_\_

Registration #:\_\_\_\_\_ Date Certificate Issued:\_\_\_\_\_