

**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 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: _____

Registration Approved by: _____

Registration #: _____ Date Certificate Issued: _____