



**Woodford County
Health Department**

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Eureka, Illinois 61530
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www.woodfordhealth.org

2023 PRIVATE SEWAGE DISPOSAL SYSTEM INSTALLER LICENSE APPLICATION

Company Name: _____

Address: _____

Telephone Number: _____

Mobile Number: _____

Fax Number: _____

E-mail address: _____

1) Contractor Name & License # _____

2) Contractor Name & License # _____

3) Contractor Name & License # _____

4) Contractor Name & License # _____

5) Contractor Name & License # _____

6) Contractor Name & License # _____

(Please forward photocopy of each State license)

Registration Fee (Non-Refundable): \$30.00 per business Enclosed: _____

A licensed Private Sewage Disposal System Installation Contractor shall be present at the site during construction, installation, repair, modification or maintenance of a private sewage disposal system. Written or typed signature(815 ILCS 333/1 *et al.*) indicates that information provided is correct and signature is legally binding.

Signature: _____ Date: _____