

Kankakee County Health Department
Division of Environmental Health
2390 W. Station
Kankakee, IL 60901

OFFICE USE ONLY

Amt. Rec'd. _____
Date Rec'd _____
License # _____
Approved _____

APPLICATION FOR ANNUAL
SEPTIC TANK PUMPER'S LICENSE

- A. This license is in addition to the State of Illinois Private Sewage Disposal License and you must be licensed by the State before you can receive your Kankakee County License. State license must bear the prefix 054.
- B. Complete and sign the application and fill in the state license number below.
- C. Enclose \$150.00 application fee. Fee must be in the form of a personal check (), certified check () or money order (), and made payable to the KANKAKEE COUNTY HEALTH DEPARTMENT.
- D. Submit the application, fee, and a copy of your State license to the Kankakee County Health Department, Environmental Health Division.
- E. The annual Kankakee County License is valid during the year the license is issued.

Name of Contractor

IL#
Illinois Private Sewage Disposal System
Pumping Contractor's Number
() _____

Home Address of Contractor

Home Phone Number

Name of Business

() _____
Business Phone Number

Address of Business

Make of Vehicle _____ Year _____

Illinois Vehicle License Number

Is vehicle lettered with name and address on both sides in letters at least three inches high? YES ___ NO ___

Give name, address and location where contents of tank are disposed:
Location _____

Method of Disposal _____

Is written permission given to dispose of pumpings at each location? Yes ___ No ___

I hereby declare that I have read and understand the Kankakee County Private Sewage Ordinance.

Signature

Date

Kankakee County Health Department
Division of Environmental Health
2390 W. Station
Kankakee, IL 60901

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Date Rec'd _____
License # _____
Approved _____

APPLICATION FOR ANNUAL
SEWAGE DISPOSAL SYSTEM CONTRACTOR'S LICENSE

- A. This license is in addition to the State of Illinois Private Sewage Disposal License and you must be licensed by the State before you can receive your Kankakee County License. State license must bear the prefix 049.
- B. Complete and sign the application and fill in the state license number below.
- C. Enclose \$150.00 application fee. Fee must be in the form of a personal check (), certified check () or money order (), and made payable to the KANKAKEE COUNTY HEALTH DEPARTMENT.
- D. Submit the application, fee, and a copy of your State license to the Kankakee County Health Department, Environmental Health Division.
- E. The annual Kankakee County License is valid during the year the license is issued.

Name of Contractor

IL#
Illinois Private Sewage Disposal System
Installation Contractor's Number
() _____

Home Address of Contractor

Home Phone Number
() _____

Name of Business

Business Phone Number

Address of Business Street City

Number of years in business _____

County State Zip

(1) Tractor _____

Bucket(s) and width in inches

(2) Tractor _____

(3) Truck _____

Capacity License #

I hereby declare that I have read and understand the Kankakee County Private Sewage Treatment Ordinance.

Signature

Date