

# PRIVATE SEWAGE EXAMINATION APPLICATION

**ATTACH CURRENT  
2' X 2'  
HEAD AND SHOULDERS  
COLOR ONLY  
PHOTOGRAPH  
HERE**  
No Hats or Dark Glasses  
No Photo Copies or  
Old Driver's Licenses

RETURN TO:  
**Illinois Department of Public Health,**  
Division of Environmental Health,  
525 W. Jefferson St.  
Springfield, IL 62761                      If you have any questions, telephone: 217.785.2069.

EXAMINATION FEE is \$100.00. EXAMINATION FEES ARE NOT REFUNDABLE.

Send Check or Money Order, Payable to Illinois Department of Public Health.

Have You Previously Taken an Examination? YES \_\_\_\_ (Date of Examination \_\_\_\_\_) or NO \_\_\_\_

Indicate by checkmark which examination is to be taken (only one examination may be taken on a specific date).  
 Private Sewage Disposal Installation Contractor    OR     Private Sewage Disposal Pumping Contractor

### IMPORTANT NOTE:

**LETTERS OF ATTENDANCE AND ALL STUDY MATERIALS ARE NOW BEING SENT ELCTRONICALLY.  
PLEASE PROVIDE AN E-MAIL ADDRESS WHERE THIS INFORMATION CAN BE SENT.**

E-mail Address \_\_\_\_\_ (Required)

### APPLICANT INFORMATION – Home and Business Information Sections *MUST* be Completed

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
HOME MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_/\_\_\_\_-\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
BUSINESS MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_/\_\_\_\_-\_\_\_\_

### INDICATE 1ST AND 2ND CHOICE FOR EXAMINATION DATE AND LOCATION

1) \_\_\_\_\_  
DATE LOCATION  
2) \_\_\_\_\_  
DATE LOCATION

CHECK BOX, SIGN, & DATE THIS FORM. It is required by law (5ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to check and sign this certification will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). I hereby certify, under penalty of perjury, that issues of court ordered child support

- DOES NOT apply to me or
- I AM delinquent or
- I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_