

Illinois Department of Public Health  
Division of Environmental Health  
**PRIVATE SEWAGE DISPOSAL PROGRAM**  
525 West Jefferson St., Springfield, IL 62761

## **PRIVATE SEWAGE EXAMINATION APPLICATION INFORMATION**

**Please read the following in its entirety.**

- ▶ All applications **must be in** Springfield **at least 30 days before the date of examination.** See table on reverse side.
  - ▶ The **seating is limited.** Applicants are placed, and seating reserved, as the Department receives completed applications based on availability of 1<sup>st</sup> and 2<sup>nd</sup> date selections.
  - ▶ Only one examination may be taken by an applicant on any specific examination date.  
Applicants will be given 3 hours for taking the Installation exam and 2 hours for the pumping examination.
  - ▶ Photograph of applicant must be attached to each application for examination. Current, clear, and color photo (think “passport photo”). No hats, dark glasses, or old driver’s license photographs will be accepted.
  - ▶ Be sure to provide an e-mail address where the Letter of Attendance and all study materials can be sent.  
All study material(s) **and the letter of admission are sent electronically after the application has been received in this Office.**
- The Department has gone digital. “Hard Copies” of codes and study materials are no longer being printed.  
It will be sent electronically along with your letter of admission
- ▶ Be sure to check the appropriate box regarding child support, sign and date your application. Only applicant’s Signature is accepted.
  - ▶ Applicants **will not** be allowed to bring any material into the examination other than pencils and a non-programmable calculator. All Other necessary information to take the examination will be included in the examination booklet.
  - ▶ Incomplete applications will be returned which may cause a delay in processing your application.

**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 ELECTRONICALLY.  
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

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<b>EXAMINATION DATE</b>	<i>DAY OF WEEK EXAM WILL BE HELD</i>	<b>2020 Examination Dates</b>  <b>Examination Locations</b>	<b>DATE APPLICATION IS DUE IN SPRINGFIELD</b>  (30 Days Before the Examination Date)
<b>January 10, 2020</b>	<i>Friday</i>	<b>Springfield –DNR</b>	<b>December 10, 2019</b>
<b>January 17, 2020</b>	<i>Friday</i>	<b>IALEHA Conference, Marriott Hotel &amp; Conference Center, Normal</b>	<b>December 17, 2019</b>
<b>January 21, 2020</b>	<i>Tuesday</i>	<b>Marion Regional Office, Marion</b>	<b>December 20, 2019</b>
<b>January 28, 2020</b>	<i>Tuesday</i>	<b>OWPI Conference, Gateway Convention Center, Collinsville</b>	<b>December 27, 2019</b>
<b>February 4, 2020</b>	<i>Tuesday</i>	<b>West Chicago Regional Office, West Chicago</b>	<b>January 3, 2020</b>
<b>March 3, 2020</b>	<i>Tuesday</i>	<b>Rockford Regional Office, Rockford</b>	<b>February 3, 2020</b>
<b>March 4, 2020</b>	<i>Wednesday</i>	<b>Edwardsville Region, Glen Carbon</b>	<b>February 4, 2020</b>
<b>April 7, 2020</b>	<i>Tuesday</i>	<b>Peoria Regional Office, Peoria</b>	<b>March 6, 2020</b>
<b>April 8, 2020</b>	<i>Wednesday</i>	<b>Springfield – DNR</b>	<b>March 9, 20120</b>
<b>May 5, 2020</b>	<i>Tuesday</i>	<b>Marion Regional Office, Marion</b>	<b>April 6, 2020</b>
<b>June 2, 2020</b>	<i>Tuesday</i>	<b>Peoria Regional Office, Peoria</b>	<b>May 5, 2020</b>
<b>July 8, 2020</b>	<i>Wednesday</i>	<b>Springfield –DNR</b>	<b>June 10, 2020</b>
<b>August 4, 2020</b>	<i>Tuesday</i>	<b>West Chicago Regional Office, West Chicago</b>	<b>July 3, 2020</b>
<b>September 16, 2020</b>	<i>Wednesday</i>	<b>Springfield – DNR</b>	<b>August 17, 2020</b>
<b>October 6, 2020</b>	<i>Tuesday</i>	<b>Rockford Regional Office, Rockford</b>	<b>September 7, 2020</b>
<b>October 20, 2020</b>	<i>Tuesday</i>	<b>Marion Regional Office, Marion</b>	<b>September 21, 2020</b>
<b>November 4, 2020</b>	<i>Wednesday</i>	<b>Springfield – DNR</b>	<b>October 5, 2020</b>

*Please call to confirm seating availability before mailing application.*

*Call 217.782-5830 or e-mail [DPH.privatesewage@illinois.gov](mailto:DPH.privatesewage@illinois.gov)*