

# LaSalle County Health Department Sewage Contractor's Registration Form

Type of Business (check all that apply)

Installer  Pumper  Portable Sanitation Business

Business name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to receive State updates via email, when we receive them?  Yes  NO

## Installer Information

Estimated number of installation per year (in LaSalle County): \_\_\_\_\_

Manufacturer/Distributor of Septic Tanks: \_\_\_\_\_

Source of Leach Field Rock: \_\_\_\_\_

Manufacturer/Distributor of Gravel-less tile/Chambers: \_\_\_\_\_

Source of Sand Filter Media: \_\_\_\_\_

Do you Service/Maintain Aerobic Units?  Yes  No

If yes, which one(s): \_\_\_\_\_

## Pumper Information

Estimated number of Tanks pumped per year (in LaSalle County): \_\_\_\_\_

List Municipal Sewer disposal sites: \_\_\_\_\_

Land Application Location Sites:

County \_\_\_\_\_ Property Owner \_\_\_\_\_

Township Name \_\_\_\_\_ Section # \_\_\_\_\_

Township \_\_\_\_\_ (N) Range \_\_\_\_\_ (E) Approx. # of Acres \_\_\_\_\_

\_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter

Estimated Number of Gallons Applied at Site Yearly \_\_\_\_\_

\*\*\*\*\*Please complete the information on the following page\*\*\*\*\*

County \_\_\_\_\_ Property Owner \_\_\_\_\_  
 Township Name \_\_\_\_\_ Section # \_\_\_\_\_  
 Township \_\_\_\_\_ (N) Range \_\_\_\_\_ (E) Approx. # of Acres \_\_\_\_\_  
 \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 Estimated Number of Gallons Applied at Site Yearly \_\_\_\_\_

**Portable Sanitation Business Information**

Number of Portable Toilets: \_\_\_\_\_

Number of Portable Potable Handwashing Units: \_\_\_\_\_

Number of Portable Service Sanitation Technicians: \_\_\_\_\_

Number of Portable Service Sanitation Technician Trainees: \_\_\_\_\_

**State Licensed Installers/Pumpers (Provide current copy of State Licenses)**

Attach additional sheet if needed

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 License Number(s) \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 License Number(s) \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 License Number(s) \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 License Number(s) \_\_\_\_\_  
 \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Return Completed Registration Forms to  
 LaSalle County Health Department  
 717 Etna Road  
 Ottawa, IL 61350  
 Fax : (815)433-9522

\*\*\*\*\*  
 FOR OFFICE USE ONLY  
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YEAR \_\_\_\_\_