

# 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 or 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) \_\_\_\_\_

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

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

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FOR OFFICE USE ONLY

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YEAR \_\_\_\_\_