



Bureau & Putnam County Health Department

526 Bureau Valley Parkway • Princeton, IL 61356

Phone: (815) 872-5091

www.bchealthdepartment.org

FAX: (815) 872-5092

Office Hours: Monday - Friday ♦ 8:00 a.m. - 4:00 p.m.

SEWAGE CONTRACTOR'S REGISTRATION FORM

1. **Business Name:** _____

2. **Business Address:** _____ **Phone:** (____) _____

_____ **Fax:** (____) _____

Cell phone: (____) _____

3. **Licensed contractors that work at this business:**

Name: _____ **IL License #** _____ **Exp. Date** _____

Name: _____ **IL License #** _____ **Exp. Date** _____

Note: Please submit copies of current state license to process application.

If more space needed for licensed contractors, please check box and include on back of page.

4. **Type of Business:** _____ **Installer** _____ **Pumper** _____ **Both** _____

5. **County You are Registering for:** **Bureau(\$50)** **Putnam(\$10)** **Both**

Note: Submit proper fee for each licensed contractor. Please submit a separate check for each county. Checks will be returned, if not correct. If registering for both an installer and a pumper, submit appropriate fee for each.

INSTALLERS ONLY

Source of Drainfield Rock: _____ **Source of Sand for Sand Filters:** _____

Manufacturer/Distributor & Type of Gravel-less Tile: _____

Manufacturer/Distributor & Type of Aeration Unit: _____

Are you certified for service on the Aeration Units: Yes , **No** : **If no, provide further information.**

Name: _____ **Address:** _____

Phone #: (____) _____

APPLICANT'S SIGNATURE: _____ **Date:** _____

Note: Pumpers please complete a Septage Disposal Information Form

Office use only

Fee paid _____ Year _____