



Public Health
Prevent · Promote · Protect
Logan County
Department of Public Health

Application for Logan County Private Sewage Disposal System Installation Contractor/Pumping Contractor Registration Certificate

Applying For: Installation Contractor Pumping Contractor Installation AND Pumping Contractor

Contractor Name: _____

Business Name: _____

Business Address: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Business Telephone: _____ **Fax:** _____

Mobile Telephone: _____

Email: _____

Mailing Address: _____

(If Different From Business Address)

CITY: _____ **STATE:** _____ **ZIP:** _____

Illinois Private Sewage Disposal Installation Contractor License #049-_____

Illinois Private Sewage Disposal Pumping Contractor License #052-_____

Illinois PSD Installation and Pumping Contractor License #054-_____

(A copy of the applicant's current Illinois Private Sewage Disposal System Installation Contractor and/or Pumping Contractor License shall be submitted)

(Signature of Applicant)

(Date)

FOR OFFICE USE ONLY BELOW DOTTED LINE

Installation Contractor Registration # _____

Pumping Contractor Registration # _____

Approved Denied DOEH Signature _____

Date Issued: _____

Expires: December 31, _____