



PRIVATE SEWAGE DISPOSAL SYSTEM PUMPING CONTRACTOR & PORTABLE TOILET TECHNICIAN PERMIT APPLICATION

Company Name:	Company Owner Name:
Company Address:	Company Owner Home Address:
Company Phone Number:	Company Owner Phone Number:

Pumping Contractor Name	Pumper IDPH License #	MCDH Permit SP#	Portable Toilet IDPH Technician #	MCDH Permit PT#

Annual Permit Fee: \$120.00 per individual private sewage disposal system pumping contractor or portable toilet technician.

\$120.00 x Number of Pumpers = \$ _____

*****Payment and application due by January 31, 2024.*****

NUMBER OF VEHICLES USED TO PUMP OR TRANSPORT SEPTAGE IN MCHENRY COUNTY: _____

<i>Please Check All that Apply:</i>			
Company collects waste from:	<input type="checkbox"/> Portable/Chemical Toilet Waste	<input type="checkbox"/> Septage	
Methods of disposal:	<input type="checkbox"/> Agriculture Land Application***	<input type="checkbox"/> Sewage Treatment Facility	

***Requires additional permitting through this Department if land applied in McHenry County.

Portable Sanitation Business: <i>(indicate the approved source of your potable water)</i>	<input type="checkbox"/> Community Supply <input type="checkbox"/> Private Well	<input type="checkbox"/> Semi-Private Well <input type="checkbox"/> Non-Community Supply
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If potable water source is from a well:

Provide a copy of the report confirming a satisfactory water sample within the last 12 months.

By checking this box, the portable sanitation business certifies they are certified by the Illinois Department of Public Health as a portable toilet business. A copy of the business license shall be provided to our Department annually.

By checking this box, the portable sanitation business certifies that their portable sanitation technicians and portable sanitation technician trainees are capable of properly cleaning and sanitizing a portable toilet and portable potable handwashing unit. The portable sanitation business shall annually inspect their work. A copy of the inspection shall be provided to our Department annually.

DISPOSAL INFORMATION:

- Provide the name and address of the permitted treatment plant(s) where you dispose septage.

