

## McHenry County Department of Health, Division of Environmental Health

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www.mcdh.info

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

OFFICE: McHenry County Admin. Bldg.

Company Name:			Company Owner Name:			
Company Address:			Company Owner Home Address:			
Company Phone Number:			Company Owner Phone Number:			
Pumping Pumper IDPH ontractor Name License #		MCDH Permit SP#		Portable Toilet IDPH Technician #		MCDH Permit PT#
Annual Permit Fee: \$	6120.00 per individual p			stem pumpii	ng contractor or por	table toilet technician.
NUMBER OF VEHIC		Number of Pum and application	due by J			
NOMBER OF VEHIC	LLO COLD TO TOWN	Please Check			<u> </u>	
Company collects	waste from:	Portable/Chem			Septage	
Methods of dispos	al:	Agriculture Lar	nd Application*** Sewage Treatment Facility			
	I permitting through this	Department if la	and applie	d in McHen	ry County.	
I unducate the approved source of		Community Supply Private Well			☐ Semi-Private Well ☐ Non-Community Supply	
Dunaida a sau		table water so				4.40 41
By checkir Public Hea	by of the report confing this box, the potable alth as a portable toilet but annually.	sanitation busin	ess certifi	es they are	certified by the Illino	is Department of
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.

SEWAGE TREATMENT PLANT 1	SEWAGE TREATMENT PLANT 2	SEWAGE TREATMENT PLANT 3
NAME AND LOCATION:	NAME AND LOCATION:	NAME AND LOCATION:

• Provide the estimated number of <u>GALLONS PUMPED IN MCHENRY COUNTY</u> for each month. If estimated monthly gallons are not possible, then please provide the estimated number of annual gallons.

YEAR 2023 DISPOSAL INFO FOR SEPTIC TANKS		YEAR 2023 DISPOSAL INFO FOR PORTBLE TOILETS		
January:	Gallons	January:	Gallons	
February:	Gallons	February:	Gallons	
March:	Gallons	March:	Gallons	
April:	Gallons	April:	Gallons	
Мау:	Gallons	Мау:	Gallons	
June:	Gallons	June:	Gallons	
July:	Gallons	July:	Gallons	
August:	Gallons	August:	Gallons	
September:	Gallons	September:	Gallons	
October:	Gallons	October:	Gallons	
November:	Gallons	November:	Gallons	
December:	Gallons	December:	Gallons	
Annual Total:	Gallons	Annual Total:	Gallons	

the requirements of the McHe	enry County Public Health	cation is complete and accurat Ordinance, the Illinois Private will operate in compliance with	Sewage Disposal Lic	censing Act and	
Applicant Signature		Print Name		Date	
	OFFICE USE ONLY		STAFF INITIALS:		
DATE RECEIVED:		CHECK # / CASH / CREDIT CARI	D:		
AMOUNT RECEIVED:		RECEIPT NUMBER:			