



# Christian County Health Department

**Public Health**  
Prevent. Promote. Protect.

730 N Pawnee Street, Taylorville, Illinois 62568

Main Office 217-824-4113 Fax 217-824-5407

[www.cchdil.org](http://www.cchdil.org)

**2026**

## Application for Annual Registration Certification for Private Sewage Contractor/Pumper

Pursuant to the Christian County Private Sewage Ordinance, **all Private Sewage Contractors and Pumpers**

ers in operation within the Christian County boundaries are required to obtain a Certificate of Registration from the Christian County Health Department (a State license from the Illinois Department of Public Health is also required).

This Department shall issue a certificate to persons applying for such a certificate who comply with the minimum performance standards set forth in the Ordinance, and who pay the required annual registration fee (**\$125.00 per each licensed installer/pumper and \$25 database maintenance fee.**). The Ordinance can be found on our website: [cchdil.org/environmental](http://cchdil.org/environmental).

Person, partnership, corporation, or association to whom the certificate should be issued:

Type of work performed:  Installer \$125.00  Pumper \$125.00

State Installer License #: 049-\_\_\_\_\_ State Pumper License #: 054-\_\_\_\_\_

Name (individual to hold license): \_\_\_\_\_

Business Name:  
\_\_\_\_\_

Business Address:  
\_\_\_\_\_

(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Counties in which you work: \_\_\_\_\_

**Please sign and date this application and return with your application fee.**

I hereby certify that the above information is correct, and I agree to notify the Christian County Health Department of any changes promptly in writing. I have provided a copy of my State of Illinois License, Permit, Certification, and Registration Card

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**If you clean private sewage systems, complete the next page of this application:**



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## Private Sewage Disposal Systems

### Sludge Disposal Information Form

**ATTENTION SEPTIC TANK PUMPERS:** Rule 13.04 of the Illinois Private Sewage Disposal Code requires that each licensed contractor engaged in sludge disposal file a statement with the Department advising the location and methods of disposal of domestic sewage sludge. This information must be amended each year when replying for your registration certificate.

The Department is also required to make necessary inspections to determine satisfactory compliance with the Private Sewage Disposal Licensing Act and Code. Therefore, the following additional information concerning the disposal site(s) you use and the volume of septic disposed is necessary.

Number of Pumping Trucks (**Only the number of trucks in Christian County**): \_\_\_\_\_

YEAR	MAKE	MODEL	LICENSE #

All Disposal Site(s) for Previous Year: (**ALL FIELDS REQUIRED**)

(Name)

(Address)

(Gallons Disposed Per Year)

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(Name)

(Address)

(Gallons Disposed Per Year)

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(Name)

(Address)

(Gallons Disposed Per Year)

Indicate if you use or own a sludge lagoon for disposal of sludge: \_\_\_\_\_ use \_\_\_\_\_ own \_\_\_\_\_ N/A

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Signature of Applicant

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Date of Application