



Douglas County Health Department

2024

Private Sewage Disposal Contractor-Pumper License

Please Print or Type

| | |
|-----------------------|--|
| Company Name | |
| Address | |
| City, State, Zip Code | |
| Contractor Name | |

Office Phone (____) _____ Cell Phone (____) _____

Type of business (check each area that applies to you or your firm)

- Contractor Installer
- Manufacturer
- Pumper
- Service/maintenance only

State of Illinois Contractor License Number _____

Registration Fee \$25.00