

Illinois Department of Public Health  
Division of Environmental Health  
**PRIVATE SEWAGE DISPOSAL PROGRAM**  
525 West Jefferson St., Springfield, IL 62761

## PRIVATE SEWAGE EXAMINATION APPLICATION INFORMATION

**Please read the following in its entirety.**

- ▶ All applications must be in Springfield at least 30 days before the date of examination. See table on reverse side.
  - ▶ The seating is limited. Applicants are placed, and seating reserved, as the Department receives completed applications based on availability of 1<sup>st</sup> and 2<sup>nd</sup> date selections.
  - ▶ Only one examination may be taken by an applicant on any specific examination date.  
Applicants will be given 3 hours for taking the Installation exam and 2 hours for the pumping examination.
  - ▶ Photograph of applicant must be attached to each application for examination. Current, clear, and color photo (think “passport photo”). No hats, dark glasses, or old driver’s license photographs will be accepted.
  - ▶ Be sure to provide an e-mail address where the Letter of Attendance and all study materials can be sent.  
All study material(s) **and the letter of admission are sent electronically after the application has been received in this Office.**
- The Department has gone digital. “Hard Copies” of codes and study materials are no longer being printed.  
It will be sent electronically along with your letter of admission.
- ▶ License Illinois Plumbers and City of Chicago plumbers must send a copy of their Plumbing license with this form
  - ▶ Be sure to check the appropriate box regarding child support, sign and date your application. Only applicant’s Signature is accepted.
  - ▶ Applicants **will not** be allowed to bring any material into the examination other than pencils and a non-programmable calculator. All Other necessary information to take the examination will be included in the examination booklet.
  - ▶ Incomplete applications will be returned which may cause a delay in processing your application.

# PRIVATE SEWAGE EXAMINATION APPLICATION

**ATTACH CURRENT  
2' X 2'  
HEAD AND SHOULDERS  
COLOR ONLY  
PHOTOGRAPH  
HERE**

**No Hats or Dark Glasses  
No Photocopies or  
Old Driver's Licenses**

RETURN TO:

**Illinois Department of Public Health,  
Division of Environmental Health,  
525 W. Jefferson St.  
Springfield, IL 62761**

If you have any questions, telephone: 217.785.2069.

**EXAMINATION FEE is \$100.00. EXAMINATION FEES ARE NOT REFUNDABLE.**

**Send Check or Money Order, Payable to Illinois Department of Public Health.**

Have You Previously Taken an Examination? YES \_\_\_\_ (Date of Examination \_\_\_\_ ) or NO \_\_\_\_

Indicate by checkmark which examination is to be taken (only one examination may be taken on a specific date).

☐ **Private Sewage Disposal Installation Contractor** OR ☐ **Private Sewage Disposal Pumping Contractor**

## **IMPORTANT NOTE:**

**LETTERS OF ATTENDANCE AND ALL STUDY MATERIALS ARE NOW BEING SENT ELECTRONICALLY.  
PLEASE PROVIDE AN E-MAIL ADDRESS WHERE THIS INFORMATION CAN BE SENT.**

E-mail Address \_\_\_\_\_ (Required)

## **APPLICANT INFORMATION – Home and Business Information Sections *MUST* be Completed**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
HOME MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PLUMBER'S LICENSE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
BUSINESS MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_ / \_\_\_\_ - \_\_\_\_

## **INDICATE 1ST AND 2ND CHOICE FOR EXAMINATION DATE AND LOCATION**

1) \_\_\_\_\_  
DATE LOCATION  
2) \_\_\_\_\_  
DATE LOCATION

**CHECK BOX, SIGN, & DATE THIS FORM.** It is required by law (5ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to check and sign this certification will result in the return of your application and delays in processing your license. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)). I hereby certify, under penalty of perjury, that issues of court ordered child support

☐ DOES NOT apply to me or  
☐ I AM delinquent or  
☐ I AM NOT more than 30 days delinquent in complying with a child support order.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

IMPORTANT NOTICE. This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0529 (REV. 9/2014)

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<b>EXAMINATION DATE</b> (Maximum attendees at site.)	<b>DAY OF WEEK</b> <b>EXAM WILL BE HELD</b>	<b>START TIME</b>	<b>2024 EXAMINATION SITES</b>	<b>DATE APPLICATION IS DUE IN SPRINGFIELD</b> (30 Days before the examination date)
January 11, 2024	Thursday	1:00 PM	IALEHA, McClean County Health Dept. 200 W. Front Street, Bloomington, IL	December 11, 2023
January 30, 2024	Tuesday	1:00 PM	OWPI Conference & Tradeshow 1 Gateway Dr, Collinsville, IL 62234	December 29, 2023
February 7, 2024 (10 Max)	Wednesday	10:00 AM	Peoria Regional Office 5415 N. University Ste 101, Peoria	January 8, 2024
February 28, 2024 (30 Max)	Wednesday	10:00 AM	Springfield – Illinois Department of Agriculture	January 29, 2024
February 28, 2024 (6 Max AM Installers) (6 Max PM - Pumpers)	Wednesday	9:00 AM 1:00 PM	West Chicago	January 29, 2024
March 6, 2024 (12 Max)	Wednesday	10:00 AM	Rockford Regional Office	February 6, 2024
March 20, 2024 (8 Max AM – Installers) (8 Max PM - Pumpers)	Wednesday	9:00 AM 1:00 PM	Metro East Regional Office	February 21, 2024
April 3, 2024 (10 Max)	Wednesday	10:00 AM	Champaign Regional Office	March 4, 2024
April 10, 2024 (30 Max)	Wednesday	10:00 AM	Springfield – Illinois Department of Agriculture	March 11, 2024
May 8, 2024 (10 Max)	Wednesday	10:00 AM	Marion Regional Office	April 8, 2024
June 5, 2024 (10 Max)	Wednesday	10:00 AM	Peoria Regional Office	May 6, 2024
June 12, 2024 (30 Max)	Wednesday	10:00 AM	Springfield – Illinois Department of Agriculture	May 13, 2024
July 17, 2024 (12 Max)	Wednesday	10:00 AM	Rockford Regional Office	June 17, 2024
August 14, 2024 (6 Max AM – Installers) (6 Max PM - Pumpers)	Wednesday	9:00 AM 1:00 PM	West Chicago	July 15, 2024
September 4, 2024 (10 Max)	Wednesday	10:00 AM	Champaign Regional Office	August 5, 2024
September 18, 2024 (30 Max)	Wednesday	10:00 AM	Springfield – Illinois Department of Agriculture	August 19, 2024
October 9, 2024 (12 Max)	Wednesday	10:00 AM	Marion Regional Office	September 9, 2024
October 23, 2024 (12 Max)	Wednesday	10:00 AM	Rockford Regional Office	September 23, 2024
November 13, 2024 (30 Max)	Wednesday	10:00 AM	Springfield – Illinois Department of Agriculture	October 14, 2024

**Please call to confirm seating availability before mailing application.**  
Call 217-782-5830 or e-mail [DPH.privatesewage@illinois.gov](mailto:DPH.privatesewage@illinois.gov)