

PERMIT APPLICATION – SEPTIC TANK CLEANERS/SEPTAGE HAULERS

APPLICATION FOR A PERMIT TO CLEAN SEPTIC TANKS AND TRANSPORT AND DISPOSE OF SEPTIC WASTES IN COOK COUNTY, ILLINOIS

Business Name: _____ Telephone #: _____

Address: _____

Owner's Name: _____ Telephone #: _____

Address: _____

Total Number of Vehicles: _____

Make & Year of Vehicle	License Plate Number	Holding Tank Capacity (gals.)	Make & Year of Vehicle	License Plate Number	Holding Tank Capacity (gals.)

USE ADDITIONAL SHEET IF NECESSARY

Site(s) Used for Septage Waste Disposal:

Name: _____

Name: _____

Address: _____
Street

Address: _____
Street

Town

Zip Code

Town

Zip Code

Telephone #: _____

Telephone #: _____

Applicant Signature(s): _____

Date: _____

Date: _____

Permit Fee (\$150.00 Per Vehicle) _____

NOTE: A PERMIT MUST BE OBTAINED FROM THE METROPOLITAN WATER RECLAMATION DISTRICT FOR THE USE OF THEIR DISPOSAL STATIONS

Make Check Payable to: COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Mailing Address: Cook County Department of Public Health
 2121 Euclid Avenue, Room 250
 Rolling Meadows, IL 60008
 (847) 818-2843

For Office Use Only
