



ST. CLAIR COUNTY HEALTH DEPARTMENT
19 PUBLIC SQUARE, STE 150
BELLEVILLE, IL 62220
(618) 233-7769 FAX (618) 236-0676

WELL INSTALLATION, PUMP INSTALLATION AND/OR CLOSED LOOP WELL INSTALLATION
REGISTRATION

NOTE: You must be licensed by the State of Illinois as an Illinois Water Well, Pump Installation Contractor and/or Closed Loop Well Installation Contractor.

LICENSE INFORMATION: *

Name of Company: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone: () _____ Fax Number () _____

Owner/Contact: _____ Cell# _____

Email Address: _____

Type of work performed: Check Appropriate Space(s)

Water Well Installer _____ Pump Installer _____ Close Loop Well Installer _____

Illinois Licensed Installation Contractor(s)

***List all licensed company representatives on the space provided**

***NAME OF LICENSEE:**

STATE LICENSE NUMBER:

NOTE: All registration certificates shall expire December 31st of the year issued, except those issued in December will expire December 31st of the following year.

I agree to comply with the St. Clair County Private Water Supply Code Ordinance 19-6.

Signature

Title

Date