

LAKE COUNTY BOARD OF HEALTH  
ADVISORY COMMITTEE APPLICATION

CHUCK PINTOZZI 847-304-0623  
Name Home Phone  
28246 W. SAVANNAH TRAIL BARRINGTON  
Home Address City  
IL 60010 LAKE  
State Zip County  
JW TRENCHING, INC. PRESIDENT  
Place of Employment Title  
28074 INDUSTRIAL AVE. BARRINGTON  
Address City  
IL 60010 LAKE  
State Zip County  
847-381-1340  
Business Phone

Community activities, including offices held:

VILE PRESIDENT SAVANNAH HOMEOWNERS ASSOC.

Professional Activities/Organizations, including offices held:

I am interested in the following committee(s):

ENVIRONMENTAL HEALTH ADVISORY COMMITTEE

Please state why you are interested in the appointment:

TO PROVIDE INPUT FROM A PRIVATE SEWAGE DISPOSAL  
SYSTEMS INSTALLATION CONTRACTOR, DESIGNER, & SERVICE  
PROVIDER

References:

TERRY CAHILL <sup>CONTINENTAL</sup>  
<sup>ENGINEERS</sup>  
<sup>& SURVEYORS</sup>  
Name

BUSINESS ASSOC.  
Affiliation

847-885-3326  
Address  
Phone

SCOTT SIMAN - LAND TECHNOLOGY, INC.  
Name

BUSINESS ASSOC.  
Affiliation

815-363-9200  
Address  
Phone

If nominated, nominated by:

TOM COPENHAVEN - LAKE COUNTY HEALTH DEPT.  
Name

BUSINESS  
Affiliation

847-377-8020  
Address  
Phone

Committee membership is open to providers, consumers and citizens from Lake County. This ensures a balance of input from all groups affected by and interested in Lake County Health Department activities. At times, it is necessary to identify potential conflict of interest situations; therefore, please answer the following question.

Currently, or within the last 12 months, have you had any ownership, employment, medical staff, fiduciary, contractual, creditor, consultive, or familial relationship with the Lake County Board of Health, Health Department, or with any of its employees?

☐ Yes

☒ No

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each new applicant for membership is requested to complete this form. Present Committee members shall annually update the information. Each member is also responsible for notifying the Health Department of any change in employment or affiliation.

Attach a resume, if available.

The above information is accurate and correct to the best of my knowledge.

CN P  
Signature of Applicant

7/5/16  
Date