



FIRST DISTRICT HEALTH UNIT

PO BOX 1268 801 11TH AVE SW

MINOT ND 58702-1268

PHONE: 701-852-1376

FAX: 701-852-5043

www.fdh.u.org

First District



Health Unit

Providing for Bottineau, Burke,
McHenry, McLean, Renville,
Sheridan, and Ward Counties

ONSITE SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

Please fill out as completely as possible.

Property Owner(s): _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Current Mailing Address: _____ City/State: _____ Zip Code: _____

County of Install: _____

911 Address of Install / Legal Description / GPS Coordinates / Sec. Twp. Rg.: _____

Directions to Site (a map is strongly recommended): _____

Reason for Application: New Construction New Addition New System for Existing Building

Size of lot in acres or square footage (please label): _____

Proposed number of bedrooms in structure (if applicable): _____

Proposed number of bathrooms in completed structure: _____

Foundation Type: Basement Crawl Space Split Level Slab on Grade

Water Supply: Well Municipal Rural Cistern
Depth of Well (in feet): _____

Type of Use: Residential Non-Residential

If non-residential explain what kind of activity takes place / what is the use of the water / current water meter readings / number of customers / number of employees and their shifts:

Plot Plan

Diagram all of the following: Existing and/or proposed location of any and all buildings, utilities, wet or low areas, and possible future improvements and/or additions. **INDICATE DIRECTION OF NORTH.**

THE FOLLOWING ARE REQUIRED FOR YOUR APPLICATION TO BE PROCESSED:

- Call 811 (ND One Call) to have ANY existing underground utilities marked or flagged.
- MARK, FLAG, and LABEL ALL of the following at your location:
 - Proposed building corners (if new construction) and plumbing stub out location.
 - Proposed well site(s), if any.
 - Property lines and corners.
- Completed plot plan.
- Permit fee paid IN FULL. **Permit Fees: Full System - \$250.00 Holding Tank Only - \$150.00**

Please make checks payable to: **First District Health Unit (FDHU)**

After the above tasks are completed, return application and payment to:

FDHU, Environmental Health Division, PO Box 1268, Minot, ND 58702

Following receipt of completed application, First District Health Unit will notify you to schedule your site evaluation.

Official Use Only

<input type="checkbox"/> Full System	Payment Method:	<input type="checkbox"/> Cash	Received By: _____
<input type="checkbox"/> Holding Tank Only		<input type="checkbox"/> Credit Card _____	Receipt #: _____
		<input type="checkbox"/> Check # _____	Transaction ID: _____
			Address ID: _____