



**Public Health**  
Prevent. Promote. Protect.

**SE ND Public Health Collaborative**  
Cass-Ransom-Richland-Sargent-Steele-Traill

1240 25<sup>th</sup> Street S  
Fargo, ND 58103  
701-476-6729 • Fax: 701-298-6929  
www.fargond.gov

**APPLICATION FOR INSTALLING ON-SITE SEPTIC SYSTEMS**  
**FEE: \$200 Annual**

Make checks payable to: Fargo Cass Public Health

Application is hereby made to Fargo Cass Public Health for a license to install on-site sewage disposal systems in **Cass, Ransom, Richland, Sargent** and **Traill** counties in North Dakota, as per rules and regulations of the Southeast Public Health Collaborative (SEPHC). This form must be completed and returned with payment to Fargo Cass Public Health prior to any work performed by the licensee.

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone: (Cell) \_\_\_\_\_

Email \_\_\_\_\_ (Office) \_\_\_\_\_

ND Contractor's license # \_\_\_\_\_ (**attach copy of ND contractor's license**)

Owner or Contact Person \_\_\_\_\_ (Fax) \_\_\_\_\_

Address \_\_\_\_\_

No person, firm, or corporation shall engage in the business of installing or constructing OSTs without first obtaining a license from the local adopting authority where the business is located. All entities must comply with Section VI of the adopted Requirements for On-Site Sewage Treatment Systems to receive licensure from Fargo Cass Public Health and the member counties of the SEPHC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

The foregoing application is hereby approved and it is recommended that a license be issued, subject to the following provisions:

\_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Health Officer or Representative)

CHECK/RECEIPT NO. \_\_\_\_\_