

Southeast Public Health Collaborative

C/O Fargo Cass Public Health 1240 25th Street South Fargo, ND 58103-2367 Phone 701.476.8493 HLT1291 · 02/12/2024 · Page 1 of 2

OFFICIAL USE ONLY	
Date Paid:	-
Payment Type:	
Check #:	
Payment Amount:	
Permit #:	

SEPTIC SYSTEM EVALUATION REQUEST FORM

Requirements

- Tank must be pumped prior to evaluation.
- Fargo Cass Public Health must receive payment and application prior to system evaluation.
- This form must be signed by the property owner or designee.
- Evaluation fee is \$200. Make checks payable to: Fargo Cass Public Health

Contact Info	<u>rmation</u>	
Requesting source:	Phone:	
Mailing address:		
Email:	<u></u>	
Property Information		
<u>FIODERTY HITC</u>	<u>rmation</u>	
Address:		
Current owner:	Previous owner:	
Home construction year:	Number of bedrooms:	
Is the home currently occupied: \square Yes \square No	If no, last date occupied:	
If there a garbage disposal in the home: \Box Yes \Box No		
Septic System Information		
Year of system installation:	System installer:	
Capacity of tank (gallons):	When was tank last pumped:	
Type of drain field: \square Trench \square Mound \square Pressure	at grade □ Unknown	
In the past two years, has sewage or water backed up int ground surface, and/or surfaced over the drain field area?		

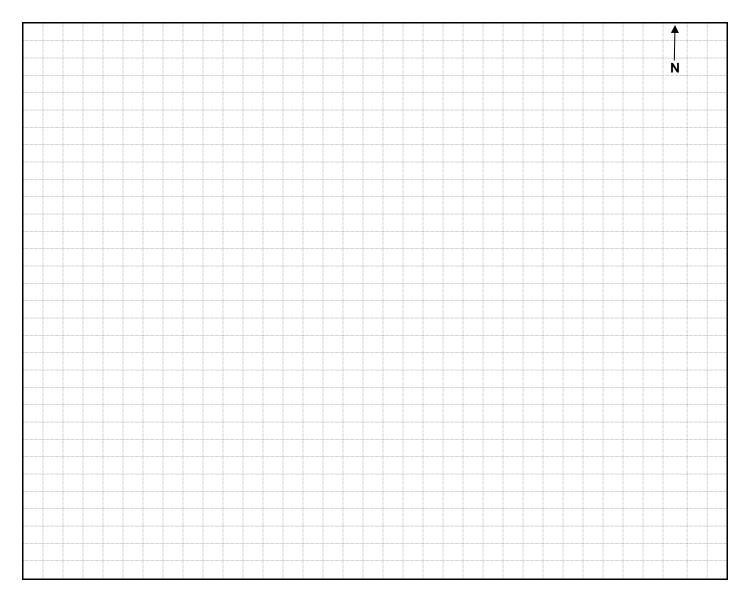


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A sketch of the septic system must be provided below, to the best of the homeowner's knowledge, showing position, length, and orientation of all system components (tanks, drain fields, pipes, manholes, and pumps).



I hereby certify the above information to be correct and accurate, and grant the representative of Fargo Cass
Public Health access to the property:

_Date: ____

Property Owner or Designee Signature: