



SE Public Health Collaborative

Prevent. Promote. Protect
Cass - Ransom - Richland
Sargent - Steele - Traill

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 Information

Requesting source: _____ Phone: _____

Mailing address: _____

Email: _____

Property Information

Address: _____

Current owner: _____

Previous owner: _____

Home construction year: _____

Number of bedrooms: _____

Is the home currently occupied: Yes No

If no, last date occupied: _____

If there a garbage disposal in the home: Yes No

Septic System Information

Year of system installation: _____

System installer: _____

Capacity of tank (gallons): _____

When was tank last pumped: _____

Type of drain field: Trench Mound Pressure at grade Unknown

In the past two years, has sewage or water backed up into the house, overflowed from the septic tank to the ground surface, and/or surfaced over the drain field area? If yes, please specify: _____



SE Public Health Collaborative

Prevent. Promote. Protect

Cass - Ransom - Richland
Sargent - Steele - Traill

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 2 of 2

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:

Property Owner or Designee Signature: _____ Date: _____