



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, Steele** and **Traill** counties in North Dakota, as per rules and regulations of North Dakota’s Southeast Public Health Collaborative (SEPHC).

This form must be completed and returned along with a copy of a valid ND contractor’s license 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 _____

Address (if different) _____

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. _____