



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
HLT1290 · 02/12/2024 · Page 1 of 2

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

APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM
FEE: \$200 for tank and drain field, \$100 for holding tank

Fill out completely and return to SEPHC address above with a check payable to Fargo Cass Public Health.
This is not a permit. A permit will be issued upon approval by SEPHC.

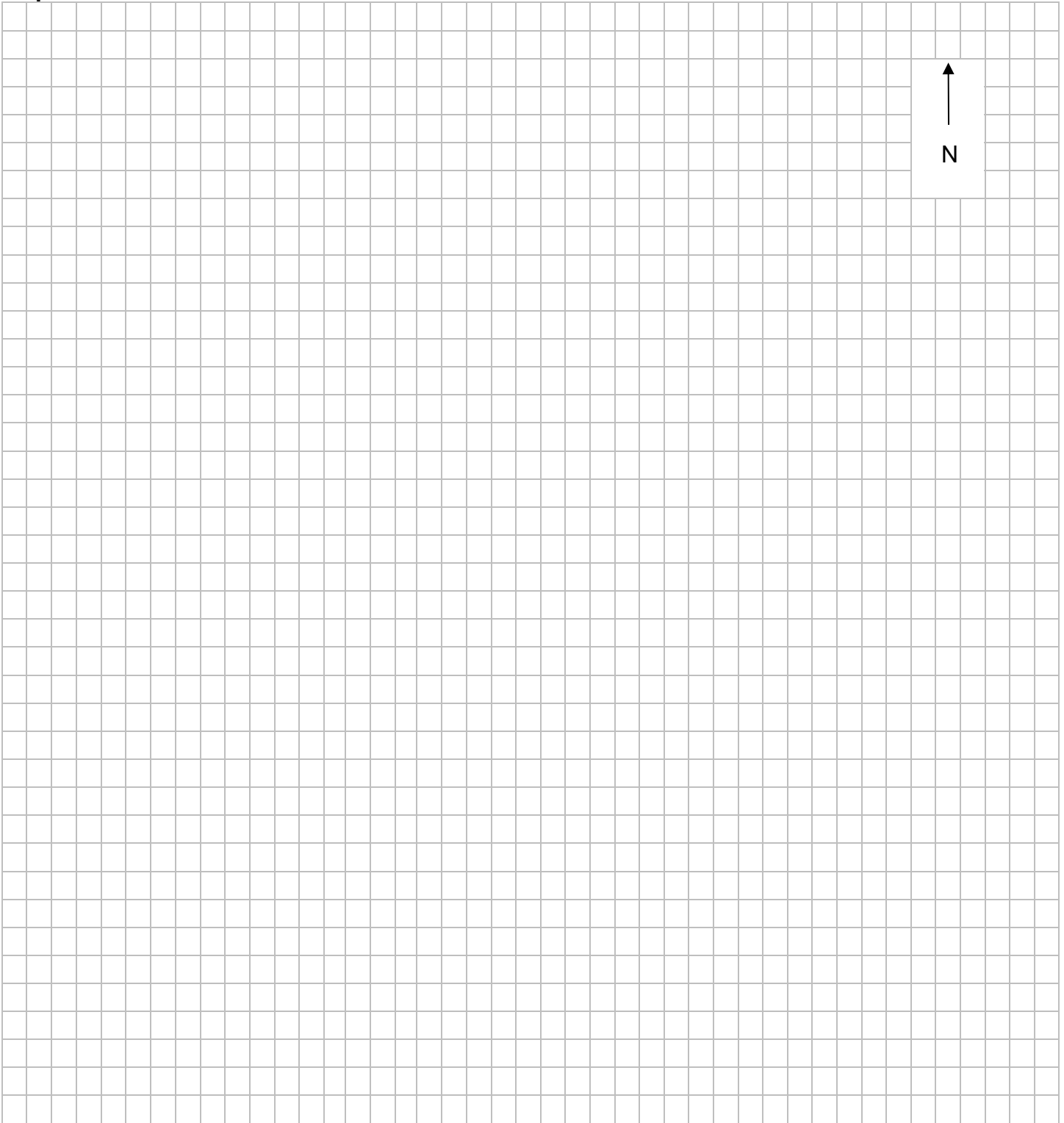
COUNTY		SUBDIVISION		WORK TYPE <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement	
INSTALLER			INSTALLER PHONE NUMBER		DATE
OWNER			OWNER PHONE NUMBER		
MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS)			CITY		STATE ZIP CODE
LEGAL PROPERTY DESCRIPTION					
PROPERTY ADDRESS			CITY		ZIP CODE
TOWNSHIP	RANGE	SECTION	BLOCK	LOT	ACREAGE/LOT SIZE
LEGAL DESCRIPTION (metes and bounds, Qtr, OR Subdivision Name, lot and block)					
DIRECTIONS TO PROPERTY					
RESIDENCE DESCRIPTION					
DRAINFIELD TYPE			NUMBER OF BEDROOMS		GARBAGE DISPOSAL <input type="checkbox"/> YES <input type="checkbox"/> NO
TREATMENT SYSTEM DESIGN					
SOIL TEXTURE CLASSIFICATION			DEPTH TO LIMITING LAYER _____ in inches		
DRAINFIELD TRENCH SIZING _____ ft. ²		TANK SIZING _____ total working gallons		PRESSURE TANK <input type="checkbox"/> yes <input type="checkbox"/> no _____ total working gallons	
-MOUND and AT-GRADE: ROCK AREA _____ ft. ²		TANK MATERIAL <input type="checkbox"/> concrete <input type="checkbox"/> polymer		EFFLUENT FILTER <input type="checkbox"/> yes <input type="checkbox"/> no Type _____	
-TOTAL FOOTPRINT _____ ft. ²		TANK DESCRIPTION Manufacturer: _____ Chambers: _____		OTHER TREATMENT TYPE (specify)	

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS NOT PERMITTED IN FLOODWAY HAZARD AREA

In consideration for the permit issued on approval of this application, the undersigned hereby agrees that the work to be performed shall be in accordance with the above statements and will comply with all applicable county and township ordinances and state law. The work shall be subject to inspection by the FARGO CASS PUBLIC HEALTH or an appointed agent. **Approval of a system by Fargo Cass Public Health does not constitute a guarantee that the system will provide trouble-free service. Proper installation, maintenance, and use, however, will decrease the possibility of a premature failure.**

AUTHORIZED SIGNATURE	<input type="checkbox"/> INSTALLER <input type="checkbox"/> HOMEOWNER
PRINTED NAME OF AUTHORIZED SIGNER	DATE

Inspection site information:



A large grid of graph paper for site information, with a north arrow in the top right corner.

Comments: _____

Environmental Health Practitioner: _____

Date: _____