Southwestern District Health Unit

227 16th Street West, Dickinson, North Dakota 58601

Telephone: (701) 483-0171 Toll Free: 1-800-697-3145 Fax: (701) 483-4097

APPLICATION FOR SEWAGE & WATER FACILITIES

Type of Facility:

☐ Residential Home / Cabin (# of bedrooms) ☐ Residential Garage / Shop ☐ Man Camp ☐ Commercial / Industrial Shop ☐ RV / Trailer Park ☐ Office Building ☐ Other
Minimum lot size for an onsite sewer system is 40,000 square feet.
If the system will be used by 25 or more people on a daily basis, have greater than 14 service connections, or for RV parks, have greater than 12 RV hook-ups, the plans will have to be approved by the ND Department of Health.
General Information:
Owner: Mail or Rural Address: City:
Legal Description: County: Lot #: Block:
Subdivision: **Maximum number of people that will use the system daily:
System Type: Septic Tank / Drainfield Holding Tank
Septic Tank: (1000 gallon <u>working capacity</u> minimum.) Size: gallons Number of Tanks:
Material:
Distance from: Foundation: ft. Well: ft. (50 ft. minimum for wells 100 ft. deep, or deeper if well is under 100 ft.
deep, 100 ft. distance or greater is required)
Lake / Stream / High Water Level ft. (100 ft. minimum)
Percolation Test or Soil Type: Lift Pump: YES NO Diameter of Chamber:
Drainfield Information (if allowed): Type: Gravel-less \square Rock/Perforated Tile \square
Distance From: Septic Tank: ft. (10 ft. minimum) Stream/Lake/Drainage ft. (100 ft. minimum)
Property Line: ft. (10 ft. minimum)
Length of Drainfield Tile: ft. (200 ft. minimum for gravel-less) Trench Width:
Width of Drainage Pipe/Chamber:
Depth of Pipe (top of pipe/chamber to surface) in. (30 to 36 inches maximum- total trench depth should not exceed 48")
Depth of Rock under Perforated Pipe: Size of Rock: (washed gravel or crushed stone- No scoria allowed)
Total Amount of Absorption Area in Square Feet (length X width) sq. ft

	ed 🗆 Dug 🗆 Bored 🗀 Commu	unity System □
Depth: Diameter:		t. deep or deeper, if well is under 100 ft. deep 100 ft. distance or
greater is required.) Foundation		t. deep of deeper, if well is under 100 ft. deep 100 ft. distance of
= '	anks: Body of Water:	
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include the locations of the builthe minimum & maximum distabe installed in low-lying areas so	lding, well, septic tank, lift pump, onces on the front of the application ubject to flooding or areas subject teed to be increased beyond that i	em. Please make the drawing as accurate as possible. Must drainfield, and any sources of contamination. *Please note some of on. Be aware of topographical features. Sewer systems should not to heavy water runoff. In areas of heavy soils or high water tables ndicated on these plans. DRTH
** Area over the drainfield sho	ould have topsoil, seeded into gra	ss and not be driven on to avoid compaction**
I hereby submit the above infor	mation to be correct as to presen	t or proposed installation:
Cimatuus	المعقد المعادلة	
Signature:	ITISCAILER	:
Name:	Addres	ss:
Town:	Zip:	Phone #:
		_
The proposed sewer and/or wa	ter system plans are hereby appro	oved and subject to an onsite inspection before covering. This is
		proval. The Southwestern District Health Unit accepts no
responsibility for systems that a	are designed improperly or not ins	pected at the time of installation.
(Date of Appli	cation)	(EHP signature for pre-approval) (Inspection may be required)