



Providing for Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward Counties

FIRST DISTRICT HEALTH UNIT

PO BOX 1268 801 11TH AVE SW
MINOT ND 58702-1268
PHONE: 701-852-1376
FAX: 701-852-5043
www.fdh.u.org



ONSITE SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

Applicaton must be FULLY completed prior to processing.

Property Owner(s): _____

Primary Phone Number: _____ Secondary Phone Number: _____

Current Mailing Address: _____ City/State: _____ Zip Code: _____

Email Address: _____ County of Install: _____

911 Address, City of Install: _____

Legal Description / GPS Coordinates / Sec. Twp. Rg. Of Install: _____

Directions to Site (attach map if needed): _____

Reason for Application: New Construction New Addition Repair/New for Existing Building

Size of lot in acres or square footage (please label): _____

Proposed number of bedrooms: _____ Number of bathrooms in completed structure: _____

Foundation Type: Basement Crawl Space Split Level Slab on Grade Other _____

Water Supply: Municipal Rural Cistern Well Depth of Well (ft) _____

Building Use: Residential Non-Residential

If non-residential, explain what kind of activity takes place:

what is the use of water / current water meter readings / number of customers / number of employees per shift, etc.

Plot Plan
INDICATE DIRECTION OF NORTH

Diagram all of the following: Existing and/or proposed location of any and all buildings, utilities, water low areas, and any future improvements or additions.

THE FOLLOWING ARE REQUIRED BEFORE THE APPLICATION WILL BE PROCESSED:

- Completed application and plot plan.
- MARK, FLAG, and LABEL ALL of the following at your location:
 - Proposed building corners (if new construction) and plumbing stub out location.
 - Proposed well site(s), if any.
 - Property lines and corners.
- Permit fee paid IN FULL. **Permit Fees:** Full System - \$300.00 Holding Tank Only - \$150.00

Please make checks payable to: **First District Health Unit (FDHU)**

After the above tasks are completed, return application and payment to:
FDHU, Environmental Health Division, PO Box 1268, Minot, ND 58702

Following receipt of completed application, First District Health Unit will notify you to schedule your site evaluation.

Official Use Only

- Full System
- Holding Tank Only

Payment Method:
 Cash
 Credit Card _____
 Check # _____

Received By: _____
Receipt #: _____
Transaction ID: _____
Address ID: _____