



Date \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ will pump the septic tank located at the address listed here:

\_\_\_\_\_.

A pumping schedule was arranged between the property owner \_\_\_\_\_ and the licensed septic pumper to prevent sewage from being disposed of illegally, which would be a violation of the "Onsite Sewage Treatment Systems Rules and Regulations" applicable in \_\_\_\_\_ County.

\_\_\_\_\_  
*Septic Pumper (Name Printed)*

\_\_\_\_\_  
*Septic Pumper (Signature)*

\_\_\_\_\_  
*Company's Licensed Name and License #*

\_\_\_\_\_  
*Septic Pumper Contact Information*

\_\_\_\_\_  
*Owner (Print and Signature)*

**Once completed, this document shall be sent to the following address:**

Lake Region District Health Unit  
Environmental Health Division  
524 4<sup>th</sup> Ave NE, Unit 9  
Devils Lake, ND 58301  
For more information, call (701) 662-7035