



Lake Region District Health Unit (LRDHU)

524 4th Ave NE – Unit 9, Devils Lake, ND 58301
701.662.7035/7039; www.lrdhu.com

Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT
FOR THE CONSTRUCTION/ ALTERATION
OF AN ON-SITE SEWAGE TREATMENT SYSTEM

For accounting use only:

Date Received: _____

From: _____

Amount: _____

Cash, MO or CK# _____

PERMIT # _____

ONSITE SEWER (DRAINFIELD) PERMIT FEE \$400.00
or HOLDING TANK or SEPTIC TANK REPLACEMENT PERMIT FEE: \$200.00
For Benson, Eddy, Pierce, Ramsey, Rolette, Towner, and Cavalier County
MAIL APPLICATION AND PAYMENT TO: **LRDHU, 524 4th Ave NE, Unit 9, Devils Lake, ND 58301**

County of Install _____ Township (Name) _____ Size/Acres _____

Legal Description (Township, Range, Section, ¼ section) _____

If applicable: Lot size _____ Subdivision _____ Block# _____ Lot # _____

Lowest elevation of property? _____ Site been altered/disturbed? _____

Property Owner(s)/Applicant's Name: _____

Physical Address of Site _____

Current Mailing Address: _____

Phone Number(s)/Email Address: _____

Reason for Application: *New Installation?* _____ *or Alteration (Repair/Rebuild/Replace)* _____ *Other* _____

Residential? Yes ___ No ___ (If no, see box below) Square foot per floor _____ Number of floors _____

Total number of bedrooms: _____ (Of that total, indicate number that are: Finished _____ Unfinished _____)

Basement or Crawl Space? _____ Plumbing in basement/crawl space? _____ Pool, hot tub, or whirlpool tub? _____

Garbage disposal: Plan to install _____ Currently installed _____ Do not plan to/will not have installed _____

Water Supply: ___Rural ___Municipal ___Well (Depth of well(s) _____ Neighboring well? ___yes ___No)

For Non-Residential/Establishment Sizing (Permit Fee: \$600.00)

In-Home Business? _____ If yes, type of business: _____

Commercial site? Yes ___ No ___ Type _____

(Highest) Number of workers per shift: _____ Hours per shift: _____ Number of shifts: _____

Check if Applicable:

Bedrooms _____ Showers _____ Washing machine _____ Kitchen _____ Dishwasher _____ Floor drains _____

Additional information: _____

PLOT PLAN - DRAW THE PLOT PLAN on the back of this form as well as directions to site.

- A. Property boundaries, driveways, utilities*
 - B. Location/depth of existing/proposed well(s)
 - C. Location of water bodies within 100 feet
 - D. Location of proposed or existing buildings
- *Call 811 to have underground utilities marked

(Name/Signature) **(Date)**

My signature acknowledges that the information on this form is correct to the best of my knowledge for this site, as of this date, and a copy of my permit/completed file will be stored and can be obtained at LRDHU.