Clear Form Print Form

Public Health
Prevent. Promote. Protect.
Central Valley Health District
Environmental Health

On-Site Sewage Treatment System Inspection Request

Environmental Health Division
Central Valley Health District

Date	Contact Person	Telephone Number

Property Address	City	County ** Select County **

Township	Range	Section	Subdivision

Owner(s) Name(s)	Purchaser(s) Name(s)

Property Currently Occupied:	Property Residence:
◯ Yes ◯ No	◯ Seasonal ◯ Year Round

☐ Residential Number of bedrooms _____

☐ Commercial Type of Building _____

Select the items found in home: ☐ Garbage Disposal ☐ Water Softener ☐ Basement Drains

Number of bathrooms _____ Other Water Features _____

Year septic system was installed or repaired:	Permit Number (if applicable):

Name of person that installed and/or last repaired system:

Name of person/company and date system last serviced (pumped):

Have there been any problems with the system (i.e. back up in building): ◯ Yes ◯ No
If Yes describe:

Has the building had any additions since the system was installed/repaired: ◯ Yes ◯ No
If Yes describe:

Type of water supply:	To request water sampling select tests needed:
◯ Private Well ◯ Public Water Supply	☐ Nitrate ☐ Bacteriological ☐ Lead

Mailing/Billing Address (if different from property address):

Inspection Fee: $100 plus mileage. Water sampling is an additional fee.

The evaluation report as well as bill will be sent to address indicated above. Please allow a minimum of 14 business days after the evaluation for submission of the final report.

The below signed applicant affirms that the information provided is a true representation of the facts as he/she knows them to be regarding subject property. By signing this form you are granting permission for a Central Valley Health District employee/representative to conduct an onsite wastewater treatment inspection. If applicant is other than property owner please provide authorization verification in addition to request form.

_____ _____

Applicant's Signature **Date**

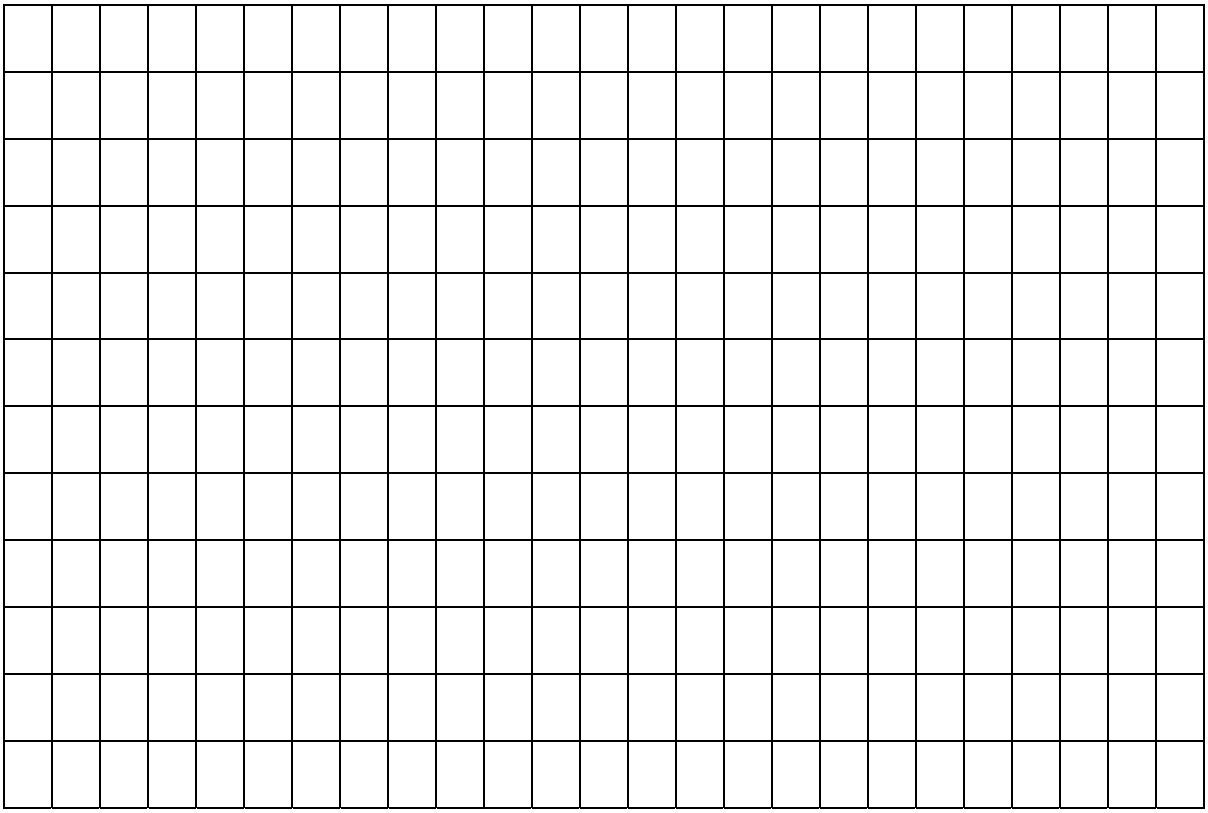
Please complete the back side

On-Site Sewage Treatment System Inspection Request Form

Environmental Health Division
Central Valley Health District

Property Lot Size (acreage or square feet): _____

Provide a sketch of the property to include buildings in relation to the aspects of the system: septic tank, pump chamber (if present), and drainfield. Also include any boundaries, wells, surface water, and drive way/roads. A copy of the "As built" from the installer would also suffice.



Directions to the property:
Additional Comments:

Submit request form to:

Central Valley Health District
Environmental Health Division
122 2nd St NW
Jamestown, ND 58401

Telephone: 701-252-8130
Fax: 701-252-8137
Email: mabata@nd.gov

Please complete the back side