





**Public Health**  
Prevent. Promote. Protect.

Central Valley Health District  
Environmental Health

# Connection to an Existing On-Site Sewage Treatment System Form

Environmental Health Division  
Central Valley Health District

<b>Provide the following information:</b>		<b>Yes</b>	<b>No</b>
Does the property have a well?			
Have there been problems with the OSTs?			
If yes describe:			
When was the OSTs tank last pumped?			
Who pumped the OSTs tank?			
<b>What type of building(s) <u>WAS</u> connected into the OSTs?</b>			
Residential: Number of bedrooms		Commercial: Type of Building	
<b>For those buildings provide the following:</b>			
Number of bathrooms?		Additional Water Features?	
<b>Does the building(s) have:</b>		<b>Yes</b>	<b>No</b>
Garbage Disposal?			
Water Softener?			
Floor Drains?			
<b>What type of building(s) <u>WILL BE</u> connected into the OSTs?</b>			
Residential: Number of bedrooms		Commercial: Type of Building	
<b>For those buildings provide the following:</b>			
Number of bathrooms?		Additional Water Features?	
<b>Does the building(s) have:</b>		<b>Yes</b>	<b>No</b>
Garbage Disposal?			
Water Softener?			
Floor Drains?			
If there is a basement is it finished?			

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**

**If an on-site inspection is required, an inspection fee of \$100 plus mileage will be charged. Water sampling is an additional fee.**

To request water sampling select tests needed:	Yes	No
Mailing/Billing Address to send report to:		

**Submit form to:**

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

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

**Please complete the back side**