



Public Health
Prevent. Promote. Protect.

Central Valley Health District
Environmental Health

Existing On-Site Sewage Treatment System Form

Environmental Health Division
Central Valley Health District

What type of building(s) are connected into the OSTs?			
Residential: Number of bedrooms		Commercial: Type of Building	
Provide the following information for the building(s) connected to the OSTs:			Yes
Is the property residence year round?			No
Is the property currently occupied?			
Does the property have a well?			
For those buildings provide the following:			
Number of bathrooms?		Additional Water Features?	
Does the building(s) have:			Yes
Garbage Disposal?			No
Water Softener?			
Floor Drains?			
Provide the following information:			Yes
Have there been problems with the OSTs?			No
If yes describe:			
Have there been any additions to the building since the OSTs was installed?			
If yes describe:			
When was the OSTs tank last pumped?			
Who pumped the OSTs tank?			

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.**

Does the water need to be sampled?	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