



Providing for Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward Counties

# FIRST DISTRICT HEALTH UNIT

PO BOX 1268 801 11TH AVE SW  
MINOT ND 58702-1268  
PHONE: 701-852-1376  
FAX: 701-852-5043  
[www.fdh.u.org](http://www.fdh.u.org)



## ONSITE SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

Applicaton must be FULLY completed prior to processing.

Property Owner(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ County of Install: \_\_\_\_\_

911 Address, City of Install: \_\_\_\_\_

Legal Description / GPS Coordinates / Sec. Twp. Rg. Of Install: \_\_\_\_\_

Directions to Site (attach map if needed): \_\_\_\_\_

Reason for Application:  New Construction  New Addition  Repair/New for Existing Building

Size of lot in acres or square footage (please label): \_\_\_\_\_

Proposed number of bedrooms: \_\_\_\_\_ Number of bathrooms in completed structure: \_\_\_\_\_

Foundation Type:  Basement  Crawl Space  Split Level  Slab on Grade  Other \_\_\_\_\_

Water Supply:  Municipal  Rural  Cistern  Well Depth of Well (ft) \_\_\_\_\_

Building Use:  Residential  Non-Residential

If non-residential, explain what kind of activity takes place:

what is the use of water / current water meter readings / number of customers / number of employees per shift, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plot Plan**  
INDICATE DIRECTION OF NORTH

**Diagram all of the following:** Existing and/or proposed location of any and all buildings, utilities, water low areas, and any future improvements or additions.

**THE FOLLOWING ARE REQUIRED BEFORE THE APPLICATION WILL BE PROCESSED:**

- Completed application and plot plan.
- MARK, FLAG, and LABEL ALL of the following at your location:**
  - Proposed building corners (if new construction) and plumbing stub out location.
  - Proposed well site(s), if any.
  - Property lines and corners.
- Permit fee paid **IN FULL**.      **Permit Fees:**       **Full System - \$300.00**       **Holding Tank Only - \$150.00**

Please make checks payable to: **First District Health Unit (FDHU)**

*After the above tasks are completed, return application and payment to:*  
**FDHU, Environmental Health Division, PO Box 1268, Minot, ND 58702**

Following receipt of completed application, First District Health Unit will notify you to schedule your site evaluation.

Official Use Only

- Full System
- Holding Tank Only

Payment Method:  
 Cash  
 Credit Card \_\_\_\_\_  
 Check # \_\_\_\_\_

Received By: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Transaction ID: \_\_\_\_\_  
Address ID: \_\_\_\_\_