



First District Health Unit As-Built Form

Complete & Return to: FDHU * 801 11th Ave SW * Minot ND 58701

Property Owner: _____ Permit Number: _____

Install Address: Street/City/Zip: _____ County: _____

Septic Tank: Size: _____ gal Type: _____ Manufacturer: _____

Pump Tank: Size: _____ gal Type: _____ Manufacturer: _____

Pump: Size: _____ hp Manufacturer: _____

List any changes that were made from the original permit design and explain why: _____

<p>Diagram of install (See instructions on side of page)</p> <p style="text-align: right;">↑ North</p>	<p>Items to be Identified:</p> <ol style="list-style-type: none"> 1. All tanks, piping, and soil system configuration. Label width & length of absorption field including final dimensions. Indicate alarm location. 2. Show all setbacks from tank and soil system. <ol style="list-style-type: none"> a. Property boundaries b. Buildings c. Wells d. Water bodies e. Road right-of-way 3. Structure location and distance of tank and soil system from structure/location point. 4. Alternate site, if applicable. 5. Abandoned system.
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Installation Date: _____ Installer: _____ License Number: _____

I hereby certify that I have completed this work in accordance with applicable ordinances, rules, and laws.

_____ (Installer Signature) _____ (Date)

FOR OFFICE USE ONLY: _____

Inspector Signature Date