Southwestern District Health Unit

528 21st St. West, Dickinson, North Dakota 58601

Telephone: (701) 483-0171 Toll Free: 1-866-483-3050 Fax: (701) 483-4097

APPLICATION FOR SEWAGE & WATER FACILITIES

Type of Facility:

	edrooms)		
Minimum lot size for an onsite sew	er system is 40,000 square feet (Abo	out 1 Acre).	
If the system will be used by 25 or i	more people on a daily basis, have g	reater than 14 service cor	nnections, or for RV parks, have
greater than 12 RV hook-ups, the p	lans will have to be approved by the	ND Department of Enviro	onmental Quality.
General Information:			
	Mail or Rural Address	:	City:
	 County:		
	Lot #:		
Sewer System Type: Septic Tank / [
Septic Tank: (1000 gallon working ca	apacity minimum.) Size:	gallons Number of Tar	nks:
Material: Concrete Poly (
Distance from: Foundation:	ft. Lake / Stream / High Wate	r Level ft. (100 ft. m	ninimum)
Well: ft. (50 ft. minimum f	for wells 100 ft. deep, or deeper if well is	under 100 ft. deep, 100 ft. di	stance or greater is required)
Soil Type:			
	iameter of Chamber: Inches	Location: Basement	By Septic Tank (Circle One)
Drainfield Information: Type: Grav	vel-less □ Rock/Perforated Tile □		
Distance From: Septic Tank:	ft. (10 ft. minimum) Stream/Lal	ce/Drainage ft. (100	Oft. minimum)
Property Line: ft. (10 ft. n	ninimum)		
Length of Drainfield Tile:	ft. (200 ft. minimum for grave	l-less) Trench Width:	Inches.
Width of Drainage Pipe/Chambe			
Depth of Pipe (top of pipe/cham	ber to surface) in. (30 to 36 ir	iches maximum- total dep	th should not exceed 48")
Total Amount of Absorption Area	a in Square Feet (length X width)	sq. ft.	
Depth of Rock under Perforated	Pipe (Gravel Systems): In	ches	
Size of Rock:	Inches (washed gravel or crushed	stone- <u>No scoria allowed</u>)	
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<u>Well Information</u> : Type: Drilled ∟	Dug □ Bored □ Community Sy	stem □	
Depth: Diameter:			
Distance from: Sewer: ft. (5	0 ft. minimum for wells 100 ft. deep	or deeper, if well is under	100 ft. deep 100 ft. distance or
greater is required.)	Foundation: Prope	erty Line: Bur	ried Tanks:
Body of Water:			

include the locations of the the minimum & maximum	ne building, well, septic tan n distances on the front of reas subject to flooding or	nk, lift pump, drainfi the application. Be areas subject to he	eld, and any sou aware of topogr avy water runoff ed on these plan	drawing as accurate as possible. Must rces of contamination. *Please note some of raphical features. Sewer systems should not . In areas of heavy soils or high water tables, is.
** Area over the drainfie	ld should have topsoil, se	eded into grass and	not be driven o	n to avoid compaction**
I hereby submit the above	e information to be correc	t as to present or pr	oposed installati	on:
Signature:		Installer		
Signature.				-
Name:		Address:		
Town:		Zip:	Phone #:	
Send Approval Form To:	Name:			_
	A .d.d			
	Address:			
	City, State, Zip:			
The proposed sewer and/	or water system plans are	hereby approved a	nd subject to an	onsite inspection before covering. This is
				Southwestern District Health Unit accepts
no responsibility for syste	ms that are installed impr	operly or not inspec	ted at the time o	of installation.
(Date of Application)				(EHP signature for pre-approval)
(Bate of				(Inspection may be required)