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OFFICE USE ONLY	
Date Paid	_____
Payment Type	_____
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Reviewed By	_____
Permit #	_____

APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM

Fill out completely and return to Western Plains Public Health to receive permit for installation.

CONTACT INFORMATION						
LEGAL PROPERTY OWNER NAME				PROPERTY OWNER PHONE NUMBER		
PROPERTY OWNER MAILING ADDRESS				CITY	STATE	ZIP
EMAIL ADDRESS		PROPERTY OWNER SIGNATURE*			DATE	
LEGAL PROPERTY DESCRIPTION						
PROPERTY ADDRESS SAME AS ABOVE				CITY	STATE	ZIP
ACREAGE	COUNTY	TOWNSHIP	RANGE	SECTION	BLOCK	LOT
DIRECTIONS TO PROPERTY						
RESIDENCE DESCRIPTION						
EXISTING HOME	NEW HOME	SHOP SYSTEM	OTHER**		NUMBER OF BEDROOMS	
WORK TYPE	NEW	ALTERATION	REPLACEMENT	GARBAGE DISPOSAL	YES	NO
SOURCE OF WATER						
RURAL WATER		PRIVATE WELL		WELL DEPTH:		
SYSTEM INSTALLATION						
LICENSED SEPTIC INSTALLER		INSTALLER NAME		INSTALLER PHONE NUMBER		HOMEOWNER
\$170						\$230

* By my signature, I agree to adhere to the provisions of Western Plains Public Health's Requirements for On-Site Sewage Treatment Systems. **If "other" system, please contact our office. Please include any soil sample results you may have. [A list of WPPH licensed installers can be found at https://www.westernplainsph.org/environmental-health/onsite-septic-system-program](https://www.westernplainsph.org/environmental-health/onsite-septic-system-program)

MAKE CHECKS PAYABLE TO WESTERN PLAINS PUBLIC HEALTH. ONLINE PAYMENT CAN BE MADE AT: WWW.WESTERNPLAINSPH.ORG

TREATMENT SYSTEM DESIGN WORKSHEET (**TO BE COMPLETED BY WESTERN PLAINS PUBLIC HEALTH EHP ONLY**)					
DESIGN FLOW RATE = _____ X 150 gallons = _____ gpd (# of bedrooms) (gallons per day)					
DRAINFIELD SIZE = _____ sf/gpd X _____ gpd = _____ sq ft (soil type sf/gpd from below) (design flow rate above)					
SOIL TYPE	SF/GPD	Soil Notes/Limiting Factors:	NUMBER OF BEDROOMS	TANK WORKING CAPACITY (GALLONS)	TANK WITH GARBAGE DISPOSAL (GALLONS)
Sand	0.83				
Sandy Loam	1.25				
Fine Sand	1.67				
Loam	1.67				
Silt Loam	2.0				
Clay	2.2				
"Fat" Clay	4.2				
			1 TO 3	1,000	1,500
			4 TO 5	1,500	2,250
			6 TO 7	2,000	3,000
			8 TO 9	2,500	3,750

SITE PLAN: NOTE THAT WATER SOURCE AND WASTEWATER TREATMENT TAKE PRIORITY OVER HOUSE LOCATION ON PROPERTY. In the space below, or on a separate attachment, indicate preferred location of house, location of outbuildings (existing and future), waterways, waterlines, wells, neighboring wells, driveways, and any other items that may affect the location of your septic system.