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ONSITE SEPTIC INSTALLER LICENSE APPLICATION

Annual Fee: \$100.00

Fill out completely and return to Western Plains Public Health.

BUSINESS NAME			
OWNER NAME		EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	
ND STATE CONTRACTORS LICENSE NUMBER <small>(enclose a copy with application)</small>	CLASS	EXPIRATION DATE	
Are you a Sewer and Water Contractor licensed by the ND State Plumbing Board? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>	
INSURANCE COMPANY	BONDED BY		
INSURANCE LIMITS	BOND AMOUNT		
INSURANCE AGENT	BOND AGENT		

By my signature, I agree to adhere to the provisions of the ND State Plumbing Code Chapter 62-03.1-03 and the regulations of Western Plains Public Health. I further agree to the requirements of the Code in their entirety as relates to installing onsite septic treatment systems. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder.

Is your business a current license holder with another ND public health unit? Yes No
If so, please include a copy of this license and do not pay the \$100 fee.

AUTHORIZED SIGNATURE			
TITLE		DATE	
For Office Use Only			
REVIEWED BY	DATE	CASH/CHECK #	RECEIPT #
LICENSE ISSUE DATE	LICENSE ISSUE NUMBER	ND CONTRACTORS LICENSE ENCLOSED? Yes <input type="checkbox"/> No <input type="checkbox"/>	