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<u>Official Use Only</u>
Date Paid: _____
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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.

Licensed Contractor Installation Fee: \$150
Property Owner Installation Fee: \$200

PLEASE MAKE CHECKS PAYABLE TO:
WESTERN PLAINS PUBLIC HEALTH

By my signature, I agree to adhere to the provisions of Western Plains Public Health's Requirements for On-site Sewage Treatment Systems.

PROPERTY OWNER'S SIGNATURE	DATE
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CONTACT INFORMATION

INSTALLER <input type="checkbox"/> PROPERTY OWNER	INSTALLER PHONE NUMBER		
PROPERTY OWNER	PROPERTY OWNER PHONE NUMBER		
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL:			

LEGAL PROPERTY DESCRIPTION

PROPERTY ADDRESS <input type="checkbox"/> SAME AS ABOVE	CITY	ZIP CODE				
ACREAGE/LOT SIZE	COUNTY	TOWNSHIP	RANGE	SECTION	BLOCK	LOT

DIRECTIONS TO PROPERTY

RESIDENCE DESCRIPTION

RESIDENCE <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW	NUMBER OF BEDROOMS	WORK TYPE <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement	GARBAGE DISPOSAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOURCE OF WATER	<input type="checkbox"/> PRIVATE WELL <input type="checkbox"/> RURAL WATER	IF WELL, HOW DEEP?	

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
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

NUMBER OF BEDROOMS	TANK WORKING CAPACITY (GALLONS)	MIN. TANK CAPACITY WITH GARBAGE DISPOSAL (GALLONS)
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 THE BACK OF THIS FORM, INDICATE PREFERRED LOCATION OF HOUSE, LOCATION OF OUTBUILDINGS (EXISTING AND PROPOSED), WATERWAYS, WATERLINES, WELLS, NEIGHBORING WELLS, DRIVEWAYS.