



PEMBINA COUNTY APPLICATION PERMIT FOR THE CONSTRUCTION/ALTERATION OF AN ON-SITE SEWER SYSTEM

Payable at the time of application. Permit expires twelve (12) months after date of issue

☐ **On-Site Sewer Permit Fee: \$200**

☐ **Tank Permit Fee: \$20**

Applicant: Make check payable to Pembina County Public Health

Mail application and payment to: Pembina County Public Health, 301 Dakota St W, #2, Cavalier, ND 58220

Property Information:

County:	Township:	Size/Acres:
Legal description (Township, Range, Section):		
Subdivision (if applicable):	Lot Size:	Block/Lot #:
Installer/Contractor:		
Property owner(s)/applicant's name:	Owner's mailing address:	Phone:
Physical address of site:		Email address:
PURPOSE: <input type="checkbox"/> New Installation <input type="checkbox"/> Alteration (tank/drain field) Describe:		
Existing/Future well(s) on property or within 200 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Depth of well(s)	Distance to well(s)
Residential system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List plumbing fixtures in basement if any:		
Total number of bedrooms:	Is there space to add bedrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:		
Pool, hot tub, or whirlpool tub? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe including size:	
Commercial system? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Bedrooms:	# of Employees:
# of Showers:	# of Floor drains:	# of Floors:
Square feet per floor:		
Describe any alterations to natural soils at site:		
PLOT PLAN – DRAW THE PLOT PLAN on the back of this form. Include the following: A. Property boundaries B. Location and depth of existing or proposed well and neighbors well C. Location of streams/lakes within 100 feet D. Location of proposed or existing building E. Location of existing or proposed driveways and buried utilities F. Indicate area in flood plain		

Scale Drawing – Indicate the buildings, drain field, well and any other identifiers. Indicate the distance from two fixed points on the site (e.g. one end of the house to the septic tank, trenches, wells).

Tank Capacity	Holding Tank Number : _____ Capacity: _____ Septic Tank Number : _____ Capacity: _____ Total Gallons: _____ Tank Manufacturer: _____	Well on property? <input type="checkbox"/> Yes <input type="checkbox"/> No Depth of well: _____ Distance from well to septic tank: _____ Distance from well to drain field: _____ Distance to neighboring well: _____
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Absorption Field Type	Chambers _____ Lineal ft Gravel-less _____ Lineal ft Rock Trench _____ Lineal ft Mound _____ Lineal ft Other _____ Lineal ft	Accessories: _____	Distribution Boxes _____ Drop Boxes _____ Grinder Pump _____ Pump Chamber _____ Gallons ¼ inch weep hole provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plan Specification	For Chamber or Gravel-less Trenches : No. of Trenches _____ Width _____ Depth _____ Inspection pipes on each trench line? <input type="checkbox"/> Yes <input type="checkbox"/> No Inches of soil added over pipe? _____		
	For Rock Trench : Rock Size _____ Cleaned washed rock meet standards: <input type="checkbox"/> Yes <input type="checkbox"/> No Inspection pipes on each trench line? <input type="checkbox"/> Yes <input type="checkbox"/> No Inches of soil added over pipe? _____		
	For Mounds : Dimensions _____ Depth _____ Rock Size _____ Rock Depth _____		
	Cover Material Type: _____		

Soils	Percolation Rate: _____ min./inch	Soil Horizons:		
		Depth _____	Color _____	Type _____
		Depth _____	Color _____	Type _____
		Depth _____	Color _____	Type _____
		Depth _____	Color _____	Type _____
		Depth _____	Color _____	Type _____
		Depth _____	Color _____	Type _____

Comments	
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I certify that all the information provided on this form is true and correct to the best of my knowledge.

Applicant (Print and Signature)

Date

Health Unit Approval (Print and Signature)

Date

Public Health Use Only:

Check No. _____ Date _____

Credit card # _____ Type _____

Name _____ Expiration _____ Code _____

Permit # _____