



LAKE REGION DISTRICT HEALTH UNIT

Environmental Health Division

Office: 524 4th Avenue NE – Unit 9; Devils Lake, ND 58301

(701) 662-7035; www.lrdhu.com

Benson, Eddy, Pierce, Ramsey, Rolette, Towner, Cavalier counties

Payment Required PRIOR to Inspection

Date/Check # _____/_____/_____

Amount received: _____

Paid by: _____

Initial Inspection Fees: \$250 (sewer):

\$65 (Water testing); Additional: TBD

HEALTH INSPECTION REQUEST

(Inspections required per Onsite Sewage Treatment Systems Rules and Regulations for sale or transfer of property)

SITE/PHYSICAL ADDRESS:	
COUNTY AND LEGAL DESCRIPTION (Include Section, Township Name and Number, and Range)	
SUBDIVISION/LOT # (if applicable)	
REQUESTION INSPECTION OF:	EXPECTED CLOSURE DATE:
<input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> SEWAGE TREATMENT (Permit # _____) <input type="checkbox"/> OTHER _____	
BUILDING INFORMATION: <input type="checkbox"/> DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER (SPECIFY): _____ What year was the dwelling, commercial building, or other built and/or added on to? _____	
# OF BEDROOMS ("LISTED AS") _____	CURRENTLY OCCUPIED? Yes _____ No _____ If not, last day of occupancy? _____
BASEMENT _____ CRAWLSPACE _____ NONE _____	GARBAGE DISPOSAL CURRENTLY INSTALLED? Yes _____ No _____
SEWAGE DISPOSAL BY: <input type="checkbox"/> Public System <input type="checkbox"/> Community System <input type="checkbox"/> Individual Permit # _____ Year installed _____	WATER SUPPLY BY: <input type="checkbox"/> Public System <input type="checkbox"/> Community System <input type="checkbox"/> Individual If individual well, depth: _____ Year installed: _____
<i>The following information must be provided to LRDHU to allow processing of this application.</i>	
LENDING INSTITUTION:	REALTY COMPANY:
LENDING INSTITUTION:	REALTY COMPANY
CONTACT NAME:	ADDRESS:
ADDRESS (city, zip code)	CONTACT PERSON:
PHONE/EMAIL:	PHONE/EMAIL:
NUMBER OF BEDROOMS NOTED FOR PROPERTY:	NUMBER OF BEDROOMS NOTED ON SALE OF PROPERTY:

CURRENT HOMEOWNER(S):	PURCHASER(S):
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY, ZIP CODE:	CITY, ZIP CODE:
PHONE and ALTERNATE PHONE:	PHONE AND ALTERNATE PHONE:
EMAIL:	EMAIL:

List any previous owners: _____

REPORT OF INSPECTION – Individual Onsite Sewer System (Current homeowner/representative to fill out)

PRIMARY TREATMENT consists of ___ Septic Tank ___ Cesspool.

Distance from “tank” to well, _____ feet. Material, _____, Total liquid capacity, _____ Gallons.

Depth from the surface, _____ feet. Distance from water body, _____ feet. Distance to nearest lot line, _____ feet.

SECONDARY TREATMENT (drainfield) consists of ___ Trenches ___ Bed ___ Mound ___ Other:

Distance from “drainfield” to well, _____ feet; foundation, _____, feet; Nearest lot line: _____ feet.

Total length of trenches, _____ feet; Number of trenches, _____, Distance between trenches, _____ feet.

Size of Bed; _____ X _____ feet, Size of Mound; _____ X _____ feet.

Note the following items found in the home:

___ Garbage Disposal ___ Water Softener ___ Basement Drains ___ Basement Sewage Pump

Sewage effluent surfacing or being pumped on top of the ground? ___ Yes ___ No ___ Unsure

Sewage effluent surfacing/backing up inside the building (basement etc.)? ___ Yes ___ No ___ Unsure

Sump pump water entering onsite sewage treatment system? ___ Yes ___ No ___ Unsure

INDIVIDUAL WATER – SUPPLY SYSTEM

Distance of well from:

Septic Tank, _____ feet, Drainfield, _____ feet,

Nearest Lot Line, _____ feet, Distance to Lake or other water body, _____ feet.

Pump located in:

___ Pitless unit in well ___ Basement ___ Pump room off of Basement ___ Pump Pit ___ Pump house

CURRENT HOMEOWNER ACKNOWLEDGEMENT

I _____, homeowner(s) of the property listed above, state that:

_____ I have not had any problems with the onsite sewer system, including the septic tank and drainfield system.

_____ I have had problems with the septic system. Problems noted include:

_____ Septic system has surfaced/backed up into the basement

_____ Septic system pumps septic on top the ground

_____ Other: _____

Septic tank pumping:

_____ I have had the septic tank pumped on a regular basis.

How often has the septic tank(s) been pumped out by a ND licensed pumper? _____

When was the last time the septic tank was pumped out by a ND licensed pumper? _____

List septic tank pumper company name: _____

_____ I have not had the septic tank pumped on a regular basis.

The above acknowledgements are true as indicated by my signature below:

Homeowner(s) signature Printed name Date

SELLER OR HOMEOWNER'S SKETCH OF THE SEPTIC AND WATER SYSTEM