



# LAKE REGION DISTRICT HEALTH UNIT

Environmental Health Division

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

(701) 662-7035; [www.lrdhu.com](http://www.lrdhu.com)

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

## 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:  <input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> SEWAGE TREATMENT (Permit # _____) <input type="checkbox"/> OTHER _____	EXPECTED CLOSURE DATE:
<b>BUILDING INFORMATION:</b> <input type="checkbox"/> DWELLING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER (SPECIFY):	
# OF BEDROOMS ("LISTED AS") _____	CURRENTLY OCCUPIED? Yes _____ No _____ <i>If not, last day of occupancy?</i> _____
BASEMENT _____ CRAWLSPACE _____ NONE _____	GARBAGE DISPOSAL CURRENTLY INSTALLED? Yes _____ No _____
<b>SEWAGE DISPOSAL BY:</b>  <input type="checkbox"/> Public System <input type="checkbox"/> Community System <input type="checkbox"/> Individual  Permit # _____ Year installed _____	<b>WATER SUPPLY BY:</b>  <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>	
<b>LENDING INSTITUTION:</b>	<b>REALTY COMPANY:</b>
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:	PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:

### 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 in to 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