



**CONTRACTOR/INSTALLER DESIGN PROPOSAL
for an onsite sewage treatment system**

Lake Region District Health Unit (LRDHU)
Environmental Health Division

524 4th Ave NE, Unit 9
Devils Lake, ND 58301
701.662.7035 Phone
701.662.7097 Fax

PLEASE PRINT LEGIBLY

Property Owner		Telephone Number(s)
Address		City
County		Legal Description
Purpose:	<input type="checkbox"/> New Installation <input type="checkbox"/> Repair/Rebuild/Replace <input type="checkbox"/> Holding Tank	If repair/rebuild/replace, previous Permit # _____ Residential _____ Commercial _____ Lot size _____
	In reference to LRDHU Permit # _____ Drainfield sizing _____ lineal feet or N/A _____ Maximum depth of trenches _____ inches/ _____ feet or N/A _____ Suspended solids filter required? Yes _____ No _____ Septic tank working capacity minimum _____ gallons or N/A _____ Holding tank total capacity minimum _____ gallons or N/A _____ Other notes: _____	

THE CONTRACTOR/INSTALLER SHALL PROVIDE THE FOLLOWING FOR THIS SITE:

Setbacks:	Well on property? Yes _____ No _____ Depth of well _____ Neighboring Well _____ Distance from the well to the closest edge of the septic tank? _____ Drainfield? _____ Distance from high water mark of surface water to edge of septic tank? _____ Drainfield? _____ N/A _____ Distance from foundation to septic tank _____ Distance from foundation to drainfield _____	
	Tank Capacity:	
Absorption Field Type:	<input type="checkbox"/> Septic Tank Number of tanks? _____ Cement _____ Fiberglass _____ or Plastic _____ _____ Bury Depth (top) _____ Working Capacity _____ Diameter of manhole/cleanout? _____ Inspection pipes on inlet and outlet? Yes _____ No _____ Diameter of pipes (4" minimum)? _____ inches Insulating tank? _____ Insulating pipes? _____ Mechanical warning device? Yes _____ No _____ Septic tank will be purchased from: _____	<input type="checkbox"/> Holding Tank Number of tanks? _____ Cement _____ Fiberglass _____ or Plastic _____ _____ Bury Depth (top) _____ Total Gallons _____ Diameter of manhole/cleanout? _____ Inspection pipe on inlet? Yes _____ No _____ Diameter of pipe (4" minimum)? _____ inches Insulating tank? _____ Insulating Pipes? _____ Mechanical warning device? Yes _____ No _____ Holding tank will be purchased from: _____
	Accessories:	



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Plan Specification:	Trenches (including rock trenches):
	Type/Size _____ Number of trenches _____
	Trench width _____ Trench lengths _____
	Width between trenches _____ Trench depths _____
	Where will inspection pipes be installed on trenches? _____
	Amount of cover material over top of top of pipe (minimum 12"/Maximum 36") _____
	Planting grass over system? Yes _____ No _____ Adding straw? Yes _____ No _____
	<input type="checkbox"/> For Rock Trenches only: Rock size _____ Washed Rock to Standards: Yes ___ No ___ Rock Depth _____ Trench Depth(s) _____ Pipe _____ Rock purchased from _____

SCALE DRAWING – Use your transit and flags on site to design the septic system exactly as you plan to install it
 Include buildings, lot lines, geothermal lines, water source locations, septic system and drainfield, and any other identifiers

(This form serves in place of Lake Region District Health Unit doing the “design drawing” portion of the permit)

This form was completed by _____ on _____ (date)

_____ Currently licensed thru LRDHU? Yes ___ No ___
Business Name (if applicable)

Approving Authority Signature _____ Not approved _____ Date: _____

*This form shall be completed and turned into Lake Region District Health Unit for approval **PRIOR** to beginning any construction work for this site. Once a permit has been issued by LRDHU for this site, construction work may begin. Notification to Lake Region District Health Unit (701-662-7035) is required 48 hours prior to work beginning and also on the day of construction. (Note: This form will be made available to the property owner upon completion of the septic system.)*