



On-Site Sewage Treatment System Inspection Request Form
Environmental Health Division
Central Valley Health District

Date requested: _____

Owner(s) Name: _____ Phone: _____

Purchasers(s) Name: _____ Phone: _____

Property Address: _____

Township: _____ Range: _____ Section: _____ Subdivision: _____

For Cabins: Cabin Number: _____ Occupied? Seasonal Year Round (Circle)

Number of Bedrooms? _____ Number of Occupants? _____

Circle the following items found in your home: Garbage Disposal Water Softener Basement Drains

What year was the septic system installed? _____

Who installed/last repaired the system? _____

When and by whom was the septic system last serviced (pumped)? _____

Have there been any problems with the septic system? YES NO

(If YES then describe) _____

Have there been additions to the home/cabin since the septic system was installed/repaired? YES NO

(If YES then describe) _____

To request water sampling circle tests need: (additional fees apply): Nitrate Bacteriological Lead

Please allow a minimum of 14 working business days after the evaluations for submission of the final report.

Applicant affirms that the information provided is a true representation of the facts as he/she knows them to be regarding subject property. By signing this form you are granting permission for a Central Valley Health District employee/representative to conduct an onsite wastewater treatment inspection.

Applicant's Signature

Date

Inspection Fee: \$100 plus mileage. Water sampling is an additional fee.

Send application and license fee to:

For Accounting Use Only:

Central Valley Health District
Environmental Health Division
122 2nd St NW
Jamestown, ND 58401
Telephone: 701.252.8130

Date Received: _____
Amount Received: \$ _____
Cash, Credit Card, or Check # _____

Please complete the back side

