 **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](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)**

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| 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:** |
|  **\_\_\_ WATER SUPPLY \_\_\_ SEWAGE TREATMENT (Permit # \_\_\_\_\_\_) OTHER\_\_\_\_** |
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| --- |
|  **BUILDING INFORMATION: \_\_\_ DWELLING \_\_\_COMMERCIAL \_\_\_OTHER (SPECIFY):** |
| # OF BEDROOMS (“LISTED AS”) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | CURRENTLY OCCUPIED? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ *If not, last day of occupancy?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BASEMENT \_\_\_\_\_\_ CRAWLSPACE\_\_\_\_\_ NONE\_\_\_\_\_\_ | GARBAGE DISPOSAL CURRENTLY INSTALLED? Yes \_\_\_\_ No \_\_\_\_  |

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| **SEWAGE DISPOSAL BY: WATER SUPPLY BY:** **\_\_\_** Public System \_\_\_ Community System **\_\_\_** Individual **\_\_\_** Public System \_\_\_ Community System **\_\_\_** Individual **Permit # \_\_\_\_\_\_\_\_\_ Year installed** \_\_\_\_\_\_\_\_\_\_\_\_ **If individual well, depth: \_\_\_\_\_\_\_\_\_ Year installed: \_\_\_\_\_\_** |

*The following information must be provided to LRDHU to allow processing of this application.* |
| **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: | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Da**te

***SELLER OR HOMEOWNER’S SKETCH OF THE SEPTIC AND WATER SYSTEM***