



## Lake Region District Health Unit

Environmental Health Division  
 524 4<sup>th</sup> Avenue NE – Unit 9  
 Devils Lake, ND 58301  
 (701) 662-7035; [www.lrdhu.com](http://www.lrdhu.com)

LRDHU License #: _____
---------------------------

### ON-SITE SEPTIC INSTALLER LICENSE APPLICATION

The undersigned shall follow the provisions of the rules and regulation pertaining to the installation of on-site sewage treatment systems in the respective North Dakota counties onsite sewer construction work is performed. Failure to comply with the rules and regulations applicable in the counties you are performing onsite sewer work in, including training and permitting requirements may result in the suspension or cancellation of your license. The undersigned also certifies that the installer for which application is made will operate in compliance with the requirements of the above-mentioned rules and regulations in place. **Before operating you must contact Lake Region District Health Unit at 701.662.7035.**

**ANNUAL LICENSE FEE: \$200.00**

**PLEASE PRINT LEGIBLY**

This is a new business     This is a change in ownership

Name of Business	Email Address
Name of Owner	ND State Contractor License #
Mailing Address	Physical Address
Telephone Number(s)	Cell #
<i>Applicable continuing education/Last onsite sewer training attended (Year/Location):</i>	
Licensed Septic Pumper:    Yes _____ No _____    License # _____	
Licensed Plumber:            Yes _____ No _____    License # _____	
<b>IF THIS IS A CHANGE IN OWNERSHIP PLEASE PROVIDE THE FORMER FACILITY INFORMATION BELOW:</b>	

**Send application and license fee to:**

Lake Region District Health Unit  
 Environmental Health Division  
 524 4<sup>th</sup> Avenue NE- Unit 9  
 Devils Lake, ND 58301

\_\_\_\_\_  
**Signature of Business Owner/Manager**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Environmental Health Approving Authority**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date Signed**

*For Environmental Accounting Use Only:*

Date Received: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_  
 Check, Cash, MO# \_\_\_\_\_  
 As-built drawings all received from previous year?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 License: Approved \_\_\_\_\_ Hold \_\_\_\_\_ Sent \_\_\_\_\_

An onsite sewer contractor license (received after filling out this application) is applicable in following counties: Benson, Eddy, Pierce, Ramsey, Rolette, Towner, and Cavalier counties.