

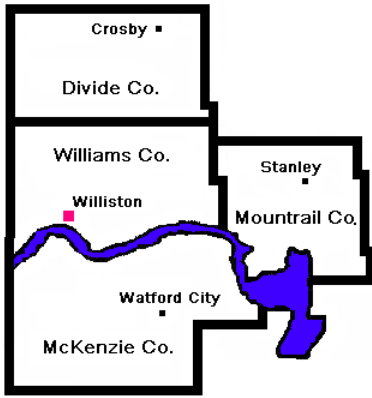
# Upper Missouri District Health Unit

"Your Public Health Professionals"

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

- \_\_\_\_\_ \$100.00 Individual Permit Fee
- \_\_\_\_\_ \$200.00 Multi-dwelling up to 20 bedrooms
- \_\_\_\_\_ \$500.00 Multi-dwelling more than 20bedrooms
- \_\_\_\_\_ \$50.00 Holding Tank
- \_\_\_\_\_ \$50.00 Rebuilding Fee



**WILLIAMS COUNTY**  
 110 W. Bdwy, Ste 101  
 Williston, ND 58801-6056  
 Phone 701-774-6400  
 Fax 701-577- 8536  
 Toll Free 1-877-572-3763

## SEWAGE TREATMENT SYSTEM PLANS PERMIT WITHIN WILLISTON LIMITS

OWNER \_\_\_\_\_ phone \_\_\_\_\_

INSTALL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DIRECTIONS TO PROPERTY \_\_\_\_\_

PURCHASER \_\_\_\_\_ LENDING INSTITUTION \_\_\_\_\_

COUNTY \_\_\_\_\_ TWP \_\_\_\_\_ RNG \_\_\_\_\_ SEC \_\_\_\_\_

SUBD \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

LOT SIZE \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ or # OF EMPLOYEES \_\_\_\_\_ WELL DEPTH \_\_\_\_\_

*If you do not include township, range and section and number of bedrooms there will be a delay in processing your permit while we have to contact you. The building owner, contractor, plumbing contractor, and/or installer are jointly responsible for compliance with U.M.D.H.U.'s Regulations for Individual Sewage Treatment Systems.*

Williston Engineering Dept Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

DEPTH TO RESTRICTING LAYER \_\_\_\_\_ SOIL TYPE \_\_\_\_\_

SEPTIC TANK (WORKING CAPACITY) \_\_\_\_\_ GAL.

**TREATMENT AREA:**

TRENCH IN SQUARE FEET

6" GRAVEL \_\_\_\_\_ 12"GRAVEL \_\_\_\_\_ 18"GRAVEL \_\_\_\_\_ 24"GRAVEL \_\_\_\_\_

GRAVELLESS PIPE IN LINEAR FEET:

8" \_\_\_\_\_ 10" \_\_\_\_\_

CHAMBER SYSTEM IN LINEAR FEET:

12" TALL \_\_\_\_\_ 15" TALL \_\_\_\_\_

MOUND IN SQUARE FEET \_\_\_\_\_

**ISTS PERMIT GOOD FOR 12 MONTHS FROM DATE OF ISSUE.**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTIFY THIS OFFICE AT LEAST 2 BUSINESS DAYS PRIOR TO INSTALLATION FOR INSPECTION.

