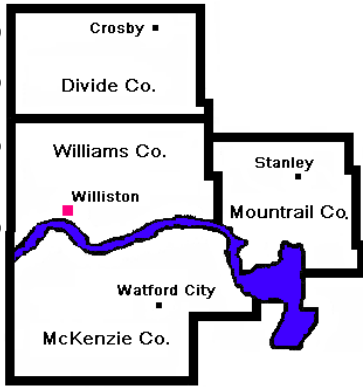


Upper Missouri District Health Unit

"Your Public Health Professionals"

Date: _____

Check #: _____



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

- _____ \$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

SEWAGE TREATMENT SYSTEM PLANS PERMIT

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.

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.

