

Upper Missouri District Health Unit

"Your Public Health Professionals"

Date: _____

Check #: _____

UMDHU Williston Office

110 W. Bdwy, Ste 101

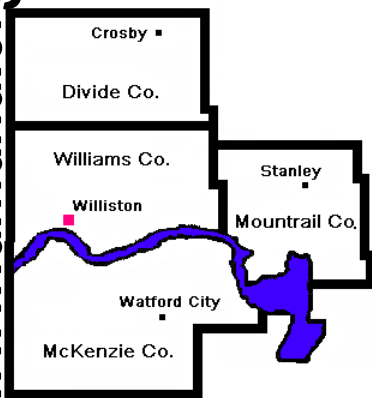
Williston, ND 58801-6056

Phone 701-774-6400

Fax 701-577- 8536

Toll Free 1-877-572-3763

_____\$175.00 Individual Permit Fee
 _____\$325.00 Multi -dwelling up to 20 bedrooms
 _____\$550.00 Multi-dwelling more than 20bedrooms
 _____\$150.00 Holding Tank
 _____\$100.00 Rebuilding Fee



SEWAGE TREATMENT SYSTEM PLANS PERMIT

OWNER _____ phone _____

INSTALL ADDRESS _____

MAILING ADDRESS _____

DIRECTIONS TO PROPERTY _____

EMAIL _____

COUNTY _____ TWP _____ RNG _____ SEC _____

SUBD _____ LOT _____ BLOCK _____

LOT SIZE _____ # OF BEDROOMS _____ or # OF EMPLOYEES _____ WELL DEPTH _____

If you do not include lot size, 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. In addition, it is your responsibility to follow all city, township and county regulations.

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: _____

ISTS Plans

This image shows a full page of dot grid paper. The background is white, and it is covered with a regular pattern of small, dark grey dots. The dots are arranged in straight horizontal and vertical rows, creating a grid-like appearance. There are no margins, text, or other markings on the page.

	Well <100'	Well >100'	Distribution Device	Treatment Area	Property Lines	Building
Bldg. Sewer	100	50	-----	-----	-----	-----
Septic tank	100	50	5	10	10	10
Distribution Device	100	50	-----	-----	10	20
Treatment area	100	50	5	-----	10	10
Well <100'	--	--	100	100	n/a	n/a
Well >100'	--	--	50	50	n/a	n/a
water line (pressure)	--	--	10	10	n/a	n/a
(suction)	--	--	50	50	n/a	n/a
Surface Water bodies	n/a	n/a	100	100	n/a	n/a

Cover Material: Straw or Fabric

