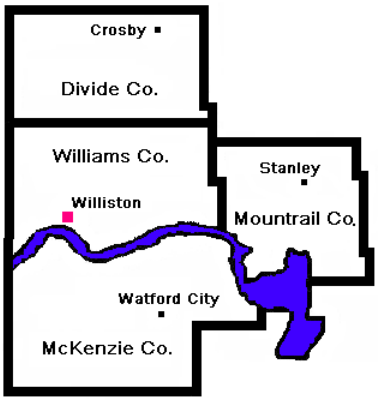
www.umdhu.org



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.**

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.

ISTS Plans

List any plan Issues: _____

_____

Setbacks

	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

Reminders:

Rock Size: 1 to 3 inches

Cover Material: Straw or Fabric