



# Upper Missouri District Health Unit

*"Your Public Health Professionals"*

**DIVIDE COUNTY**  
 Divide Co. Courthouse  
 P.O. Box 69  
 300 Main St. N  
 Crosby, ND 58730  
 Phone 701-965-6813  
 Fax 701-965-6814

**MCKENZIE COUNTY**  
 Northern Plains Building  
 P.O. Box 1066  
 109 W 5<sup>th</sup> St.  
 Watford City, ND 58854  
 Phone 701-444-3449  
 Fax 701-842-6985

**MOUNTRAIL COUNTY**  
 Memorial Building  
 P.O. Box 925  
 18 2<sup>nd</sup> Ave SE  
 Stanley, ND 58784  
 Phone 701-628-2951  
 Fax 701-628-1294

**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

## ONSITE SEPTIC SYSTEM CONTRACTOR LICENSE APPLICATION

The undersigned certifies that the individual is familiar with and understands the Upper Missouri District Health Unit Regulation pertaining to Individual Onsite Treatment Systems.

**PLEASE PRINT LEGIBLY**

<b>Name of Business</b>		<b>Telephone Number</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**SEND APPLICATION, REQUIRED DOCUMENTS, AND FEE TO:**

Upper Missouri District Health Unit  
 Environmental Health  
 110 W Broadway, Suite 101  
 Williston, ND 58801

**FEE: \$150.00**

\_\_\_\_\_  
 Printed Name of Owner

\_\_\_\_\_  
 Signature of Owner

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

**Required documents:**

Copies of licenses held in other districts or States, if these are not available a signed Statement of experience must accompany application.

EHP APPROVAL