 **LAKE REGION DISTRICT HEALTH UNIT**

**Environmental Health Division**

Office: 524 4th Avenue NE – Unit 9; Devils Lake, ND 58301

(701) 662-7035; [www.lrdhu.com](http://www.lrdhu.com)

Benson, Eddy, Pierce, Ramsey, Rolette, Towner, and Cavalier counties

**HEALTH INSPECTION REQUEST**

**(Inspections required per Onsite Sewage Treatment Systems Rules and Regulations for sale or transfer of property)**

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| --- | --- | --- |
| SITE/PHYSICAL ADDRESS: | | |
| COUNTY AND LEGAL DESCRIPTION (Include Section, Township Name and Number, and Range) | | |
| SUBDIVISION/LOT # (if applicable) | | |
| REQUESTION INSPECTION OF: | | **EXPECTED CLOSURE DATE:** |
| **\_\_\_ WATER SUPPLY \_\_\_ SEWAGE TREATMENT (Permit # \_\_\_\_\_\_) OTHER\_\_\_\_** | |
| |  |  | | --- | --- | | **BUILDING INFORMATION: \_\_\_ DWELLING \_\_\_COMMERCIAL \_\_\_OTHER (SPECIFY):** | | | # OF BEDROOMS (“LISTED AS”) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CURRENTLY OCCUPIED? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ *If not, last day of occupancy?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | BASEMENT \_\_\_\_\_\_ CRAWLSPACE\_\_\_\_\_ NONE\_\_\_\_\_\_ | GARBAGE DISPOSAL CURRENTLY INSTALLED? Yes \_\_\_\_ No \_\_\_\_ |  |  | | --- | | **SEWAGE DISPOSAL BY: WATER SUPPLY BY:**  **\_\_\_** Public System \_\_\_ Community System **\_\_\_** Individual **\_\_\_** Public System \_\_\_ Community System **\_\_\_** Individual  **Permit # \_\_\_\_\_\_\_\_\_ Year installed** \_\_\_\_\_\_\_\_\_\_\_\_ **If individual well, depth: \_\_\_\_\_\_\_\_\_ Year installed: \_\_\_\_\_\_** |   *The following information must be provided to LRDHU to allow processing of this application.* | | |
| **LENDING INSTITUTION:** | **REALTY COMPANY:** | |
| LENDING INSTITUTION: | REALTY COMPANY | |
| CONTACT NAME: | ADDRESS: | |
| ADDRESS (city, zip code) | CONTACT PERSON: | |
| PHONE/EMAIL: | PHONE/EMAIL: | |
| NUMBER OF BEDROOMS NOTED FOR PROPERTY: | NUMBER OF BEDROOMS NOTED ON SALE OF PROPERTY: | |
| **CURRENT HOMEOWNER(S):** | **PURCHASER(S):** | |
| NAME: | NAME: | |
| ADDRESS: | ADDRESS: | |
| CITY, ZIP CODE: | CITY, ZIP CODE: | |
| PHONE: | PHONE: | |
| ALTERNATE PHONE: | ALTERNATE PHONE: | |

**REPORT OF INSPECTION – Individual Onsite Sewer System (Current homeowner/representative to fill out)**

**PRIMARY TREATMENT** consists of \_\_\_\_ Septic Tank \_\_\_\_Cesspool.

Distance from “tank” to well, \_\_\_\_\_\_\_\_ feet. Material, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Total liquid capacity,\_\_\_\_\_\_\_\_\_\_\_\_\_ Gallons.

Depth from the surface, \_\_\_\_\_\_\_\_ feet. Distance from water body, \_\_\_\_\_ feet. Distance to nearest lot line, \_\_\_\_\_\_\_\_\_ feet.

**SECONDARY TREATMENT (drainfield)** consists of \_\_\_\_Trenches \_\_\_\_ Bed \_\_\_\_ Mound \_\_\_\_ Other:

Distance from “drainfield” to well, \_\_\_\_\_\_\_\_\_\_ feet; foundation, \_\_\_\_\_\_, feet; Nearest lot line: \_\_\_\_\_\_ feet.

Total length of trenches, \_\_\_\_\_\_\_\_\_\_ feet; Number of trenches, \_\_\_\_\_\_\_\_, Distance between trenches, \_\_\_\_\_\_\_\_\_ feet.

Size of Bed; \_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_ feet, Size of Mound; \_\_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_ feet.

**Note the following items found in the home:**

\_\_\_Garbage Disposal \_\_\_Water Softener \_\_\_Basement Drains \_\_\_Basement Sewage Pump

Sewage effluent surfacing or being pumped on top of the ground? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Sewage effluent surfacing/backing up inside the building (basement etc.)? \_\_\_\_ Yes \_\_\_\_ No \_\_\_ Unsure

Sump pump water entering onsite sewage treatment system? \_\_\_\_Yes \_\_\_No \_\_\_ Unsure

**INDIVIDUAL WATER – SUPPLY SYSTEM**

Distance of well from:

Septic Tank, \_\_\_\_\_\_\_\_\_\_ feet, Drainfield, \_\_\_\_\_\_\_\_\_\_\_\_ feet,

Nearest Lot Line, \_\_\_\_\_\_\_\_\_ feet, Distance to Lake or other water body, \_\_\_\_\_\_\_\_\_\_\_\_ feet.

Pump located in:

\_\_\_ Pitless unit in well \_\_\_ Basement \_\_\_ Pump room off of Basement \_\_\_ Pump Pit \_\_\_ Pump house

**CURRENT HOMEOWNER ACKNOWLEDGEMENT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, homeowner(s) of the property listed above, state that:

\_\_\_\_\_ I have not had any problems with the onsite sewer system, including the septic tank and drainfield system.

\_\_\_\_\_ I have had problems with the septic system. Problems noted include:

\_\_\_\_\_\_ Septic system has surfaced/backed up in to the basement

\_\_\_\_\_\_ Septic system pumps septic on top the ground

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Septic tank pumping:**

\_\_\_\_\_\_ I have had the septic tank pumped on a regular basis.

How often has the septic tank(s) been pumped out by a ND licensed pumper? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time the septic tank was pumped out by a ND licensed pumper? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List septic tank pumper company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I have not had the septic tank pumped on a regular basis.

**The above acknowledgements are true as indicated by my signature below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homeowner(s) signature Printed name Da**te

***SELLER OR HOMEOWNER’S SKETCH OF THE SEPTIC AND WATER SYSTEM***