



Public Health
Prevent. Promote. Protect.

Dickey County Health District

"Working together to live healthier lives"

Date: _____

Check #: _____

DC Health District
205 15th St N
Ellendale, ND 58436
Phone 701-349-4348
Fax 701-349-3277

_____ \$150.00 Individual Permit Fee
_____ \$300.00 Multi -dwelling up to 20 bedrooms
_____ \$550.00 Multi-dwelling more than 20bedrooms
_____ \$125.00 Holding Tank
_____ \$100.00 Rebuilding Fee

Dickey County Health District

SEWAGE TREATMENT SYSTEM PLANS PERMIT

PROPERTY

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 Dickey County Health District's Regulations for Individual Sewate 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.

