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[www.custerhealth.com](http://www.custerhealth.com)

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 Mandan, North Dakota 58554  
 701-667-3370 • Fax: 701-667-3371  
 1-888-667-3370

<u>Official Use Only</u>
Date Paid: _____
Payment Type: _____
Reviewed By: _____
Permit #: _____

**APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM**  
 Fill out completely and return to Custer Health to receive permit for installation.

Licensed Contractor Installation Fee: \$150 (PLEASE MAKE CHECKS PAYABLE TO CUSTER HEALTH)  
 Property Owner Installation Fee: \$200

By my signature, I agree to adhere to the provisions of the Custer Health's Requirements for On-site Sewage Treatment Systems.

PROPERTY OWNER'S SIGNATURE		DATE	
<b>CONTACT INFORMATION</b>			
INSTALLER <input type="checkbox"/> PROPERTY OWNER		INSTALLER PHONE NUMBER	
PROPERTY OWNER		PROPERTY OWNER PHONE NUMBER	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL:			
<b>LEGAL PROPERTY DESCRIPTION</b>			
PROPERTY ADDRESS <input type="checkbox"/> SAME AS ABOVE	CITY		ZIP CODE
ACREAGE/LOT SIZE	COUNTY	TOWNSHIP	RANGE
			SECTION
			BLOCK
			LOT
DIRECTIONS TO PROPERTY			
<b>RESIDENCE DESCRIPTION</b>			
RESIDENCE <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW	NUMBER OF BEDROOMS	WORK TYPE <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement	GARBAGE DISPOSAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOURCE OF WATER <input type="checkbox"/> PRIVATE WELL <input type="checkbox"/> RURAL WATER	IF WELL, HOW DEEP?		
<b>TREATMENT SYSTEM DESIGN WORKSHEET (** TO BE COMPLETED BY CUSTER HEALTH EHP ONLY**)</b>			
DESIGN FLOW RATE = _____ X 150 gallons = _____ gpd (# of bedrooms) (gallons per day)			
DRAINFIELD SIZE = _____ sf/gpd X _____ gpd = _____ sq ft (soil type sf/gpd from below) (design flow rate above)			

SOIL TYPE	SF/GPD
Sand	0.83
Sandy Loam	1.25
Fine Sand	1.67
Loam	1.67
Silt Loam	2.0
Clay	2.2
"Fat" Clay	4.2

NUMBER OF BEDROOMS	TANK WORKING CAPACITY (GALLONS)	MIN. TANK CAPACITY WITH GARBAGE DISPOSAL (GALLONS)
1 TO 3	1,000	1,500
4 TO 5	1,500	2,250
6 TO 7	2,000	3,000
8 TO 9	2,500	3,750

**SITE PLAN: NOTE THAT WATER SOURCE AND WASTEWATER TREATMENT TAKE PRIORITY OVER HOUSE LOCATION ON PROPERTY. IN THE SPACE BELOW OR ON THE BACK OF THIS FORM, INDICATE PREFERRED LOCATION OF HOUSE, LOCATION OF OUTBUILDINGS (EXISTING AND PROPOSED), WATERWAYS, WATERLINES, WELLS, NEIGHBORING WELLS, DRIVEWAYS.**