

# Fargo Cass Public Health

## Septic System Evaluation Request Form

Payment: \_\_\_\_\_

Requesting Source \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Property Address \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

*Or*

Quarter Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_

Current Owner \_\_\_\_\_ Previous Owner \_\_\_\_\_

Year Home Was Constructed \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Garbage Disposal \_\_\_\_\_  
(yes or no)

Is the home currently occupied? \_\_\_\_\_ If not, date home was last occupied \_\_\_\_\_

Year Septic System Was Installed \_\_\_\_\_ Installer \_\_\_\_\_

Size of Septic Tank \_\_\_\_\_ When was the septic tank last pumped? \_\_\_\_\_

Drainfield: Number of Lines \_\_\_\_\_ Length of Lines \_\_\_\_\_

*Or*

Seepage Bed: Dimensions (LxW) \_\_\_\_\_

In the past two years, have any of the following occurred:

Sewage backing up into the house via the toilets, showers, or drains? YES \_\_\_\_\_ NO \_\_\_\_\_

Septic tank overflowing to ground surface? YES \_\_\_\_\_ NO \_\_\_\_\_

Effluent surfacing along the drainfield? YES \_\_\_\_\_ NO \_\_\_\_\_

Surface water pooling over drainfield? YES \_\_\_\_\_ NO \_\_\_\_\_

**A sketch of the septic system must be provided on the back of this form showing the position, length, and orientation of the septic system with respect to the home and lot.**

Directions From Fargo to Property \_\_\_\_\_

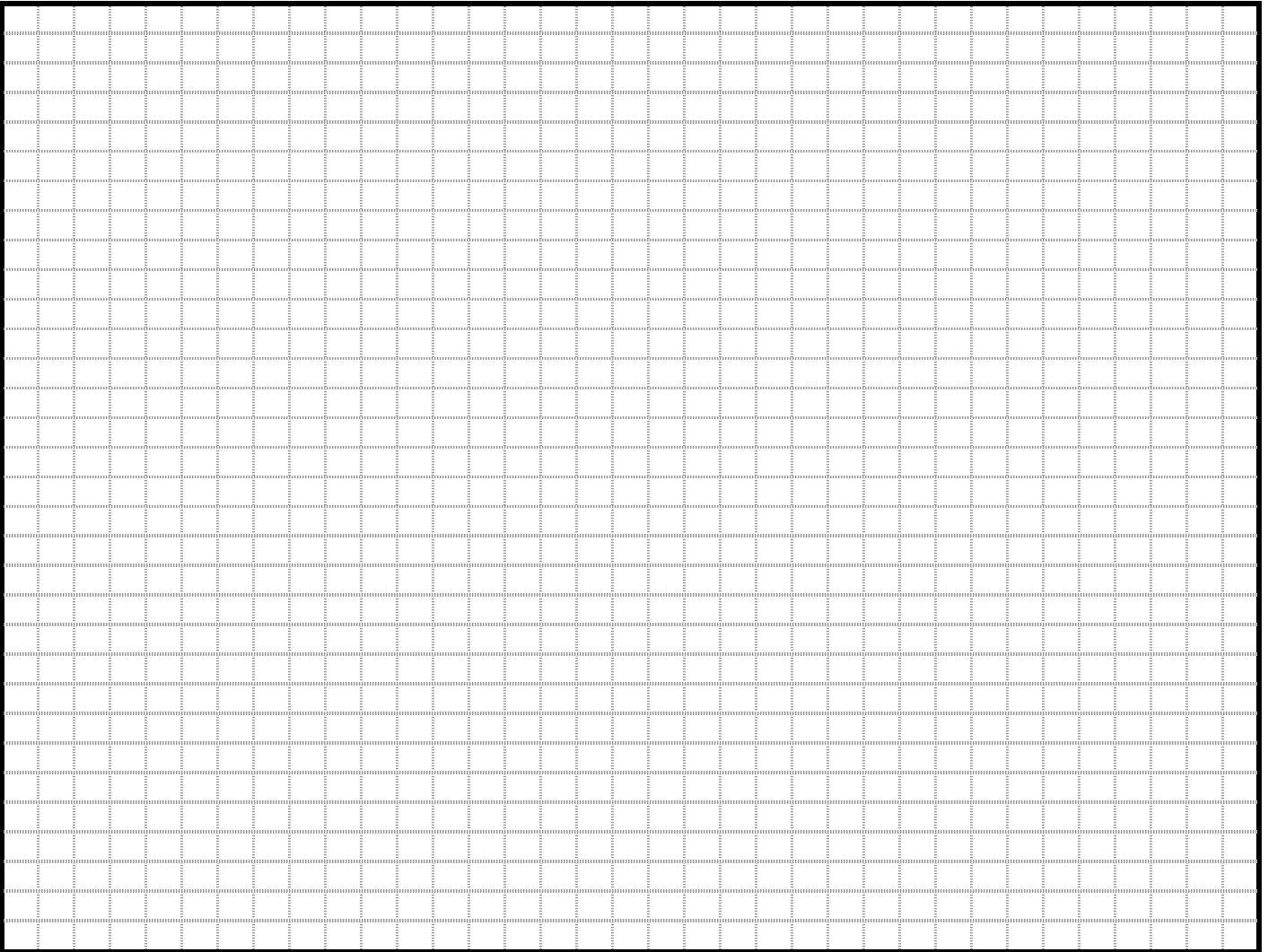
**There is a \$150 fee for this service. If a water sample test is necessary, a test kit may be obtained**

**by calling 476-4089 and the homeowner will be responsible for the lab fee.**

(over)

# Fargo Cass Public Health Septic System Evaluation Request Form

A drawing of the septic system must be provided in the space below or evaluation will not be conducted.



I hereby certify the enclosed information to be correct and accurate and grant the representative of

Fargo Cass Public Health access to the property:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please enclose and make any checks payable to **Fargo Cass Public Health** and send to:

Fargo Cass Public Health Attn Env Health  
1240 25th Street South  
Fargo ND 58103-2367  
Phone 701-476-6729  
Fax 701-298-6929

**If form is not filled out as completely as possible, the evaluation will not be conducted**