SE Public Health Collaborative
Prevent. Promote. Protect
Cass - Ransom - Richland
Sargent - Steele - Traill

Southeast Public Health Collaborative
C/O Fargo Cass Public Health
1240 25th Street South
Fargo, ND 58103-2367
Phone 701.461.8493

OFFICIAL USE ONLY
Date Paid: _____
Payment Type: _____
Check #: _____
Payment Amount: _____
Permit #: _____

SEPTIC SYSTEM EVALUATION REQUEST FORM

Requirements

- Tank must be pumped prior to evaluation.
- Fargo Cass Public Health must receive payment and application prior to evaluation.
- This form must be signed by the property owner or designee.
- **Evaluation fee is $200. Make checks payable to: Fargo Cass Public Health or if paying by credit card, please call 701.461.8493.**

Contact Information

Requesting source: _____ Phone: _____

Mailing address: _____

_____

Email: _____

Property Information

Address: _____

Current owner: _____ Previous owner: _____

Home construction year: _____ Number of bedrooms: _____

Is the home currently occupied: ☐ Yes ☐ No If no, last date occupied: _____

If there a garbage disposal in the home: ☐ Yes ☐ No

Septic System Information

Year of system installation: _____ System installer: _____

Capacity of tank (gallons): _____ When was tank last pumped: _____

Type of drain field: ☐ Trench ☐ Mound ☐ Pressure at grade ☐ Unknown

In the past two years, has sewage or water backed up into the house, overflowed from the septic tank to the ground surface, and/or surfaced over the drain field area? If yes, please specify: _____

_____

_____

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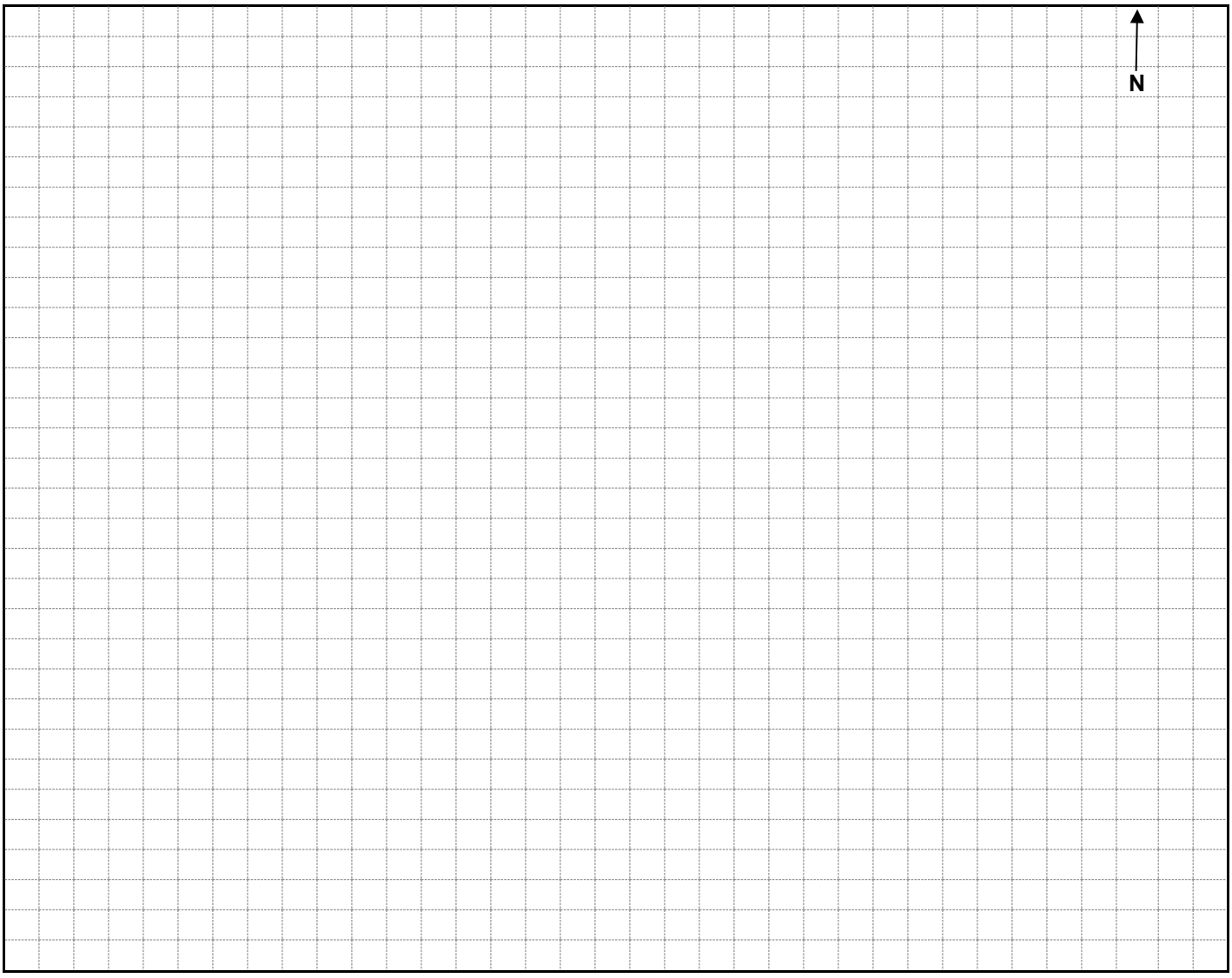
A sketch of the septic system must be provided below, to the best of the homeowner's knowledge, showing position, length, and orientation of all system components (tanks, drain fields, pipes, manholes, and pumps).



I hereby certify the above information to be correct and accurate, and grant the representative of Fargo Cass Public Health access to the property:

Property Owner or Designee Signature: _____Date: _____