



Western Plains
PUBLIC HEALTH

Dedicated to Healthier Communities
GRANT • MERCER • MORTON • OLIVER • SIOUX
KIDDER • ENMONS

403 Burlington St SE
Mandan, ND 58554

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ONSITE SEPTIC INSTALLER LICENSE APPLICATION

Annual Fee: \$115

Is your business a current license holder with another ND public health unit? **Yes** **No**

If yes, please contact Western Plains Public Health before submitting application.

OWNER

NAME		
MAILING ADDRESS	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

BUSINESS

NAME			
MAILING ADDRESS	SAME AS ABOVE	CITY/STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		
FAX NUMBER	CURRENT INSURANCE COMPANY		
ND STATE CONTRACTOR LICENSE NUMBER*	CLASS	EXPIRATION DATE	

INSTALLATION CREW (IF DIFFERENT THAN ABOVE)

CONTACT PERSON	PHONE NUMBER
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TRAINING

DATE OF MOST CURRENT TRAINING	NAME ON CERTIFICATE(S)**
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Are you a Sewer and Water Contractor licensed by the ND State Plumbing Board? **Yes** **No**

Are you able to be bonded? (for Department reference only, not a requirement) **Yes** **No**

*Please submit a copy of your ND State Contractor License.

**Please submit a copy of your certificate.

By my signature, I agree to adhere to the provisions of the ND State Plumbing Code Chapter 62-03.1-03 and the regulations of Western Plains Public Health as detailed in the **Requirements for On-site Sewage Treatment Systems** (the Code). I further agree to the requirements of the Code in their entirety as relates to installing onsite septic treatment systems. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder.

OWNER SIGNATURE	DATE
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FOR OFFICE USE ONLY

REVIEWED BY	DATE PAID	CASH / CHECK # / CC	LICENSE NUMBER	
			ISSUE DATE	
CONTRACTOR LICENSE ENCLOSED	YES	NO	TRAINING UP-TO-DATE	
			YES	NO