



**LAND APPLICATION SITES
SANITARY PUMPER PERMIT**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 60534 (12/13)

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

1. Name of Business

LAND OWNER INFORMATION

I, the landowner of the sites listed below, confirm that the business listed above has full permission to use my land to apply septage.		
2. Name of Land Owner	3. Land Owner Telephone Number	4. County of Residence
5. Signature of Land Owner		6. Date

LAND APPLICATION SITES (Complete either Latitude and Longitude (Decimal Degrees) OR Section, Township, and Range):

7. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
8. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
9. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
10. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
11. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
12. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
13. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		
14. Location ID	Latitude		Longitude			County
	Quarter	SEC.	TWP.	RGE.		

SIGNATURE

<p>RETURN COMPLETED APPLICATION TO:</p> <p>North Dakota Department of Health Division of Water Quality 918 East Divide Avenue, 4th Floor Bismarck, ND 58501-1947</p> <p>Telephone: (701) 328-5210 Fax: (701) 328-5200</p>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
	15. Printed name of applicant(s)	16. Title
	17. Signature of applicants(s)	18. Date

Instructions

Submission of this application is notice that the owner identified on the application intends to be permitted as a sanitary pumper in the state of North Dakota.

Please use one sheet per landowner. If landowner owns multiple sites, list all sites on one sheet.

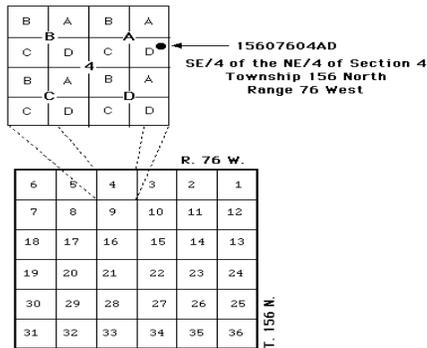
General Information

1. **Name of Business.** Provide legal name of business as listed on permit application form

Land Owner Information

2. **Name of Landowner.** The name of the owner of the land proposed to use for land application
3. **Landowner Telephone Number.** Provide a valid phone number for the landowner
4. **County of Residence.** Provide the county in which the landowner resides
5. **Signature of Landowner.** By signing here, the landowner confirms that the septic pumper has permission to use the land to apply septage.
6. **Date.** Date the form was signed.

7 through 14. **Location ID.** Provide ID for each land application site. ID can be a number or name that the company uses to identify the particular site. Include the location of the site by listing either the latitude and longitude in decimal degrees or by providing the numerical township, range, and section of land application site. Provide the quarter section in the ABCD format. See below. Provide the county the site is located in.



Signature Information

- 15 through 18. **Owner Information.** Provide the information requested for the owner of the sanitary pumper business