

Tank # _____

BROOKS COMMUNITY SERVICE DISTRICT

COMMERCIAL SEWER PERMIT No. _____

Name

Street Address

Mailing Address (if different)

Telephone

Nature of business: _____

Approximate square footage of facility _____

Number of owners or employees who will work there: Full time _____ Part time _____

New tank? _____ Yes _____ No

(if yes, applicant is responsible for costs of installation to district specifications. Specifications will be attached to the permit.)

Desired date to start construction: _____

Applicants Statement:

I hear by make application to the Brooks Community Service District for sanitary sewer service for a commercial facility. I understand that this permit allows me to discharge only sanitary sewage into the system. I understand that I an not to discharge any industrial wastes, wash waters, or other wastes prohibited by the Brooks Community Service District Use and Regulation Ordinance.

I hear by warrant that the above information is true to the best of my knowledge and belief. I agree that I will bear all costs associated with installation of any new tank and service lines and will pay the monthly service charge from date of permit approval. I understand that the tank and service lines shall be installed to service district standards according to the approved site plan (provided a site plan for approval). I understand this permit does not grant permission to construct anything in the public right-of-way. A separate Marion County permit is required to perform work in a public right-of-way.

I understand that the Brooks Community Service District will accept these improvements to the District and maintain them as a part of the District not less than one year after the completion of the improvements to the satisfaction of the District Engineer. I understand that I will be responsible for all corrective maintenance work needed on the improvements during the referenced period.

The Applicant shall indemnify and save harmless the Brooks Community Service District, its governing body, its officers and employees from all suits and actions: or claims of any character brought because of any injury or damages received or sustained by any person, or property on account of the operations of the said Applicant, his Subcontractors or the employees of either; or on account of or in consequences of any neglect in safeguarding the work; or because of any act or omission, neglect or misconduct of the said Applicant.

The Applicant accepts and approves the terms and provisions contained and attached hereto, including the special provisions. Permits for construction expire one (1) year from date of issue.

APPLICANT SIGNATURE: _____ Date _____

FOR DISTRICT USE ONLY

*****PERMIT REQUIREMENTS*****

INSURANCE CERTIFICATION OF FILE [] SUBMITTED HEREWITH []

ATTACHED STANDARD DRAWINGS: STEP tank, Line Tap _____

SPECIAL PROVISIONS:

GENERAL PROVISIONS:

1. **CALL DISTRICT INSPECTOR AT 503-588-5304, 24 HOURS PRIOR TO START OF WORK AND 24 HOURS PRIOR RO COVERING WORK.**
2. A copy of an approved permit must be on the job at all times that work is being performed.
3. All mechanical equipment shall be manufactured by Orenco Systems Inc., as specified on the attached sheets. (Orenco Systems Inc., 814 Airway Avenue, Sutherlin, OR 97479, telephone number 541-459-4449)

Size of Tank required: _____

Size of Pump required: _____

Approved: _____ Date _____

Title: _____ Expiration Date _____