



Neskowin Regional Sanitary Authority

P O Box 383, Neskowin, Oregon 97149

(503) 392-3404 (TTY 1-800-735-2900)

NRSA APPLICATION SEWER CONNECTION PERMIT

(Owner - Please complete Part 1, read complete requirements and sign.)

PART 1

DATE OF APPLICATION: _____ MAP: 5S Range: _____ TAX LOT # _____

SUBDIVISION OR ADDITION: _____

ADDRESS OF STRUCTURE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ (HOME) (BUSINESS) _____

TELEPHONE: _____ (OTHER) _____

DEVELOPER/CONTRACTOR: _____ TEL NO _____

SEPTIC TANK ENGINEER: _____ TEL NO: _____

TYPE OF STRUCTURE: SINGLE RESIDENCE: _____ # OF BEDROOMS: _____

MULTIPLE RESIDENCE/NO OF UNITS: _____

COMMERCIAL _____ DESCRIPTION OF COMMERCIAL FACILITIES: _____

REMARKS: _____

ANTICIPATED DATE OF TANK AND LATERAL: _____

CONDITIONS

PERMIT WILL BE GRANTED SUBJECT TO THE FOLLOWING CONDITIONS:

The applicant shall meet all requirements of the Authority, DEQ and the State Planning Code. Since tanks may be damaged during installation, a clean water test must be performed on all tanks and pumps, and water tightness and proper operation checked prior to acceptance. Before connection to the sewer system is made, the applicant shall sign an easement to allow the NRSA onto the property to operate, maintain and repair the interceptor tank and sewer line from the tank to sewer system. Upon connection to the sewer system the interceptor tank and sewer line from the tank to the sewer system shall be the property of the Authority. The applicant will be responsible for the sewer line from the house to the interceptor tank. This application will become void after 180 days.

ORD 2004-1: Insurance. Should a customer engage the services of a contractor for any repair or installation work regarding any of the owner's sewerage-system-related facilities, the owner must require that the contractor procure and maintain comprehensive liability

insurance in an amount not less than \$500,000 combined single limit, with the Authority and the owner listed as co-insured parties and containing a stipulation that the insurance shall not be canceled or diminished without at least 10 days written notice to the Authority and the owner.

SIGNATURE OF OWNER: _____

PART 2

(To be completed by Neskowin Regional Sanitary Authority Operations Manager)

NRSA Information Provided:

- System Development Charge & Monthly Rates
- Application Guideline Book Purchased Fee Paid: _____ Date: _____ By: _____

MAIN OF LATERAL: _____ RECEIVING LIFT SYSTEM: _____
 STREET: _____ NEAREST RECEIVING MANHOLE: _____
 FILE OR DRAWING NO. _____ STATION NO. _____

Type of system available: ___STEP (septic pump) ___STEG (septic gravity)
 DEQ Review Fee Paid: _____ Date: _____ By: _____
 System Development Charge Paid: _____ Date: _____ By: _____
 Easement Filed and Original Received On: _____ By: _____

SERVICE LINE INSPECTED BY: _____ DATE: _____

REMARKS: _____

PUMP TANK ELECTRICAL PERMIT NO: _____

INTERCEPTOR TANK INSPECTED BY: _____ DATE: _____

TYPE OF PIPE & FITTINGS USED: _____

INSTALLED BY: _____

WATERTIGHTNESS TEST COMPLETED BY: _____ DATE: _____

PRESSURE/AIR TESTING COMPLETED BY: _____ DATE: _____

TANK EFFLUENT PUMP TEST COMPLETED BY: _____ DATE: _____

REMARKS: _____ PLOT MAP ATTACHED: _____

BILLING ACCT ESTABLISHED ON: _____ Acct #: _____ By: _____

THIS PERMIT IS HEREBY GRANTED SUBJECT TO THE CONDITIONS SET FORTH IN THIS APPLICATION.

NRSA OPERATIONS MANAGER