

# Marion County OREGON

Brooks Community Service District
5155 Silverton Rd NE
Salem, OR 97305
Ph. (503) 588-5084 | service\_districts@co.marion.or.us
https://www.co.marion.or.us/PW/servicedistricts/Pages/B
rooks-Community-Service-District.aspx

Brooks Community Service District Sewer Permit Application

### Sections 1, 2, 3, and 6 are required for <u>all</u> applications. Sections 4 and 5 are only needed if applicable

| 1. Project Information                             | (Required)                              |                          |   |
|--|---|--------------------------|---|
| Project Name:                                      |   |                          |   |
| Basic Description of                               |   |                          |   |
| Work:  |   |                          |   |
| Parcel #(s):                                       |   |                          |   |
| Address:   |   |                          |   |
| City:  |   |                          |   |
| ZIP:   |   |                          |   |
| Note: If no address                                | is assigned to the subject property, er | nter "No Address As      | signed"                                     |
|  |   |                          |   |
| 2. Owner Information                               | (Required)                              |                          |   |
| First and Last Name:                               |   |                          |   |
| Mailing Address:                                   |   |                          |   |
| E-mail:  |   |                          |   |
| Primary Phone:                                     |   |                          |   |
|  |   |                          |   |
| 3. Applicant Informati                             | on (Required)                           | ☐ Check if same a        | as Owner                                    |
| First and Last Name:                               |   |                          |   |
| Organization Name:                                 |   |                          |   |
| Mailing Address:                                   |   |                          |   |
| E-mail:  |   |                          |   |
| Primary Phone:                                     |   |                          |   |
|  |   |                          |   |
| 4. Agent for Applicant Information (If Applicable) |   | ☐ Check if same as Owner | ☐ Check if same as<br>Licensed Professional |
| First and Last Name:                               |   |                          |   |
| Organization Name:                                 |   |                          |   |
| Mailing Address:                                   |   |                          |   |
| E-mail:  |   |                          |   |
| Primary Phone:                                     |   |                          |   |
|  |   |                          | -   |

| 5. Licensed Professional Information (If Applicable) |  |  |                                       |                     |
|--|--|--|---------------------------------------|---------------------|
| License Type (CCB, F                                 |  | т (п Аррисамс)   |                                       |                     |
| License #:   | 2, etc.,.  |  |                                       |                     |
| Business Name:                                       |  |  |                                       |                     |
| First and Last Name                                  | :  |  |                                       |                     |
| Mailing Address:                                     | -  |  |                                       |                     |
| Primary Phone:                                       |  |  |                                       |                     |
| Email Address:                                       |  |  |                                       |                     |
|  | 1  |  |                                       |                     |
|  |  |  |                                       |                     |
|  |  | Check all that apply   |                                       |                     |
| Type of Structure:                                   | ☐ Commercial   | □ Industrial □ Resident  |                                       |                     |
| Residential only:                                    | Number of  |  | Approximate                           |                     |
|  | Bedrooms:  |  | Square Footage of                     |                     |
|  |  |  | House:                                |                     |
| Commercial only                                      | Nature of  |  | Estimated Gallons/                    |                     |
| (including multi-                                    | Business:  |  | Day (multifamily see bottom of page)* |                     |
| family):   |  |  | bottom or page)                       |                     |
|  | Occupancy:   |  | # of Multifamily Units                | •                   |
| Industrial only:                                     |  |  | Estimated Gallons/                    | 1                   |
| ·  | Nature of  |  | l ' !                                 |                     |
|  | Business:  |  | Day:                                  |                     |
|  | Occupancy:   |  |                                       |                     |
|  |  | Attach description of pro  | cess water auantity and               | d auality includina |
|  | Process water  | suspended solids, Bioche   | · · · · · · · · · · · · · · · · · · · |                     |
|  | discharge:   | toxic materials such as h  | eavy metals                           | , ,                 |
| Type of Project:                                     | ☐ Construction   | truction  Improvement  Other, explain:   |                                       |                     |
|  | (If installing a new tank, applicant is responsible for costs of installation to district      |  |                                       |                     |
|  | specifications. Specifications will be attached to the permit. A plot plan is required for new |  |                                       |                     |
|  |  | tallations. The plan shall be to scale with dimensions from the new tank to the property |                                       |                     |
|  |  | and to significant structures in the vicinity)   |                                       |                     |
| Type of Work:  | □ Addition □ Alteration □ Demolition □ Move  |  |                                       |                     |
|  | □New □Rep  | w □Repair □Other, explain:   |                                       |                     |
| Site Plan:   | ☐ Site Plan Attached   |  |                                       |                     |

<sup>\*</sup>Multifamily = 300 gallons per day per unit. Minimum of 900 gallons per day.

| Construction Installation Permits             | Fee   | Total Fee<br>w/DEQ |
|---|-------|--------------------|
|   |       | Surcharge          |
| Residential System Installation               | \$600 | \$600              |
| Multi-Family System Installation              | \$750 | \$750              |
| Commercial System Installation                | \$750 | \$750              |
| Industrial System Installation                | \$750 | \$750              |
|   |       |                    |
| Commercial/Multifamily/Industrial Plan Review | Fee   | Total Fee          |
|   |       | w/DEQ              |
|   |       | Surcharge          |
| Gallon/day = 601 - 1000 Gallons               | \$250 | \$250              |
| Each 500 Gallons per day above 1000           | \$50  | \$50               |
|   |       |                    |
| Other Activities                              | Fee   | Total Fee          |
|   |       | w/DEQ              |
|   |       | Surcharge          |
| Reinspection Fee                              | \$50  | \$50               |
| Reconnection Fee (of same use)                | \$300 | \$300              |
| No Service call-out                           | \$150 | \$150              |

#### Applicant's Statement:

| I hereby make application to the Brooks Community Service District for sanitary sewer se | rvice |
|--|-------|
| for one:   |       |

| Single Family Residence | Multifamily Residence |
|-------------------------|-----------------------|
| Commercial Facility     | Industrial Facility   |

I understand that the District will not allow discharge of sewage that is deleterious to its treatment process (see Brooks Community Service District Sewer Use and Regulation Ordinance 906 – Section 7) and agree that any permit may be terminated after one warning if deleterious sewage in violation of the permit is discharged to District treatment facilities.

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, and that I will provide a site plan for approval. I understand this permit does not grant permission to construct anything in the public right-of-way. A separate road authority 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 beginning no sooner than one year after the completion of the improvements. Prior to acceptance into the District, all improvements must be inspected and approved by the District Engineer.. I understand that I will be responsible for all corrective maintenance work needed on the improvements until improvements are accepted into the District. See Brooks Community Service District Sewer Use and Regulation Ordinance 1421 for more information.

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 Applicant, any Subcontractors or the employees of either; or on account of or in consequence of any neglect or misconduct of the Applicant, and Subcontractors or the employees of either.

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.

Note: This application is not an approved permit and does not authorize the start of work

| Note: This application is not an approved permit and does not additionze the start of work. |          |  |  |
|---|----------|--|--|
| Print Owner's Name  |          |  |  |
| Signature of Owner  | <br>Date |  |  |

### SPECIFICATIONS FOR NEW RESIDENTIAL INSTALLATIONS

While new installations are the responsibility of the property owner, the Brooks Community Service District assumes maintenance responsibility and ownership of the installation one year from the date of the final inspection.

As the eventual owner of the equipment being installed, our specifications are more stringent than State code. They are based in maintaining the same type of equipment as installed in the original system. This reduces cost to the citizens of the District by:

- 1. Minimizing inventories of spare parts
- 2. Minimizing the need for extra training for operators in different types of equipment and materials
- 3. Minimizing the possibility of breakdowns

Therefore, strict adherence to spec's will be required by the District. Assistance and clarifications can be obtained by calling the District operator or the operations manager at 503-588-5304. Please call for a pre-construction meeting with an operator prior to ordering equipment and starting your project.

#### PERMITS AND INSPECTIONS

A construction permit must be obtained prior to installation. These permits are available from the District operator, Marion County Public Works, 5155 Silverton Road NE. Permits may modify or add to the requirements of these specifications.

Locate requests must be made prior to any excavation. Locates can be obtained by calling 1-800-332-2344.

When working in the Right-of-Way on County or State roads, ROW permits are the responsibility of the owner. All traffic control requirements of the appropriate Road Authority must be met.

Inspections must be requested at least 24 hours in advance and may not be completed for 48 hours on occasion. However, nearly all can be done in accordance with the installer's schedule.

### **SEPTIC TANKS**

|                                 | N/III   |  |  |
|---------------------------------|---|--|--|
|                                 | Willamette Graystone, LLC (Salem, OR: 503-585-1323), or Waite Concrete                  |  |  |
| Concrete Tank                   | Products, LLC (Canby, OR: 503-266-2670). Specify that the tank must be                  |  |  |
| Source:                         | constructed per these specifications. They will include a cast band to accept           |  |  |
|                                 | access riser.   |  |  |
|                                 | Septic tanks shall be sized in conformance with OAR 340-071-0220(3)(a). For             |  |  |
|                                 | single family dwellings with four or fewer bedrooms, the tank capacity must be          |  |  |
|                                 | at least 1,000 gallons. For dwellings with more than four bedrooms, septic tank         |  |  |
|                                 | size must be approved by District. Size must be approved by District. Heavy duty        |  |  |
|                                 | models will be required for burial of 3' or deeper. If a 1,000 gallon tank is utilized, |  |  |
| Size:                           | provide a separate 500 gallon dosing tank with pump assembly. If a tank larger          |  |  |
|                                 | than 1,000 gallon is utilized, the tank shall have a separate baffled dosing            |  |  |
|                                 | chamber (or separate dosing tank) with pump assembly. See attached details for          |  |  |
|                                 | clarifications. Specify a 4" or 6" PVC wall sleeve to match the size of the gravity     |  |  |
|                                 | line needed.  |  |  |
|                                 |   |  |  |
|                                 | Willamette Graystone, LLC and Waite Concrete Products, LLC provides tank                |  |  |
|                                 | installation and testing instructions with each tank, follow these instructions. If     |  |  |
|                                 | a discrepancy between our requirements and theirs, please call before                   |  |  |
|                                 | continuing.   |  |  |
|                                 | Use 4" well-compacted sand or ¾ minus rock under the tank, level to ¼" in 20'. If       |  |  |
|                                 | native soil is not suitable for tanks support, the District may require over-           |  |  |
|                                 | excavation and more sand or crushed rock.   |  |  |
| Tank Installation:              | Around and under external piping, use compacted ¾"-0" crushed rock.                     |  |  |
|                                 | Tank watertight test: Call to schedule inspection. Follow Willamette Graystone,         |  |  |
|                                 | LLC or Waite Concrete Products, LLC's instructions regarding backfilling before         |  |  |
|                                 | water testing. Then fill to 2" into the riser and above riser ring joint. 1" of decline |  |  |
|                                 | in the water level in 24 hours is allowable. Tanks must be soaked 24 hours prior        |  |  |
|                                 | to test. A tank may be rejected by the District if it fails a second test after being   |  |  |
|                                 | repaired.   |  |  |
|                                 | Place tanks in accessible location that is not behind a locked gate, in the front       |  |  |
|                                 | or side yard and on higher ground that is not subject to flooding.                      |  |  |
| Access Riser Source:            | Orenco (Sutherlin, OR: 541-459-4449 & 800-348-9843)                                     |  |  |
| Access Miser Source.            |   |  |  |
| Access Riser Source:            | Single pump: 24" Duplex (double) pump: 30"  |  |  |
| Access Miser source.            | Effluent filter for settling tank: 24"  |  |  |
|                                 | Install to place lid 1"-2" above the surrounding surface in non-traffic areas and       |  |  |
| Riser Installation:             | 3"-6" below manhole lid in traffic areas.   |  |  |
|                                 | Bond with two-part epoxy from Orenco, cured 24 hours before back-filling.               |  |  |
| Riser Lids in Non-              | Orango lide to match riser size installed with gasket and hey holts                     |  |  |
| Traffic Areas:                  | Orenco lids to match riser size, installed with gasket and hex bolts.                   |  |  |
| Riser Lids in Traffic<br>Areas: | Orenco lids to match riser size, installed with gasket and hex bolts inside cast iron   |  |  |
|                                 | manhole frame in 7" concrete traffic slab per the District's standard drawing.          |  |  |
|                                 | District to verify vendor construction specifications.                                  |  |  |
|                                 | Manhole lid shall be sealed with a neoprene O-ring, 3-bolt design with ½"               |  |  |
|                                 | stainless bolts, with two cast recessed lifting bars. Lids should read "Sewer" or be    |  |  |
|                                 | marked with an "S". 30" lids shall be aluminum.   |  |  |
| L                               | 1   |  |  |

### **GRAVITY SEWER LINE**

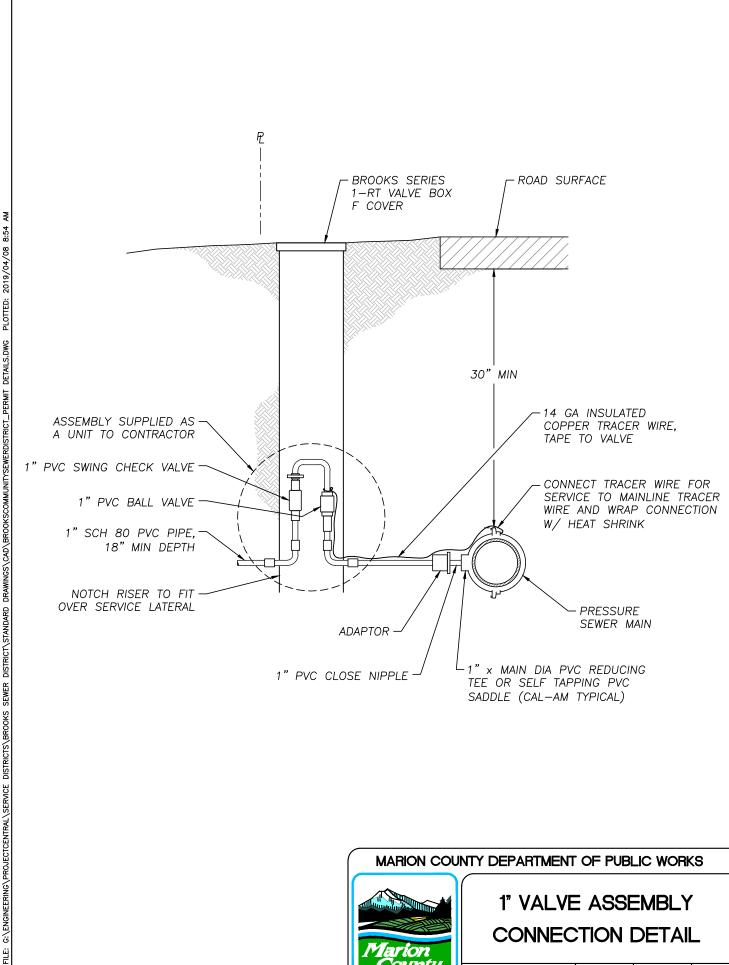
|                      | See Detail #2  |
|----------------------|--|
|                      | 4" or 6" PVC ASTM <b>3034</b> SDR 35, bell and spigot with rubber gasket joints or ABS |
|                      | glue joint pipe. Rubber gasket joints shall be "Ring Tite" or "Fluid Tite" brands as   |
|                      | manufactured by JM Pipe or Certain Teed pipe.  |
| <b>Gravity Pipe:</b> | Fittings and service cleanouts shall be of the same type, class, and grade of          |
|                      | material as the pipe.  |
|                      | Rubber couplings shall be Fernco Series 1006, 1056, or approved equal.                 |
|                      | Minimum cover is 12", unless authorized by District.                                   |
|                      | Slope shall be at least ¼" per foot for 4" pipe, 1/8" per foot for 6" pipe.            |
|                      | Install 12 gauge solid-core trace wire with green insulation from the clean-out to     |
|                      | the tank riser, wrapping around each twice. Connect to clean-out at ground level.      |
| Trace Wire:          | Secure to pipe every 20' and at all bends.   |
|                      | Make splices and connections with waterproof heat shrink splice kits, or               |
|                      | approved underground connector.  |
|                      | One at least five feet from the building, and one at least every 100 feet. Caps        |
|                      | should be installed at grade. In improved areas, install slightly below grade and      |
| Clean-outs:          | cover with a Brooks Type 1-RT or 3T box.   |
|                      | Thoroughly compact bedding and backfill material under and around service              |
|                      | piping connection to STEP tank so as to prevent differential settling and leakage      |
|                      | into or out of connection.   |
|                      | Provide 4" pipe bedding of ¾"-0" crushed rock or sand, free of sticks, stones, or      |
| Backfill:            | other debris. Install piping and provide ¾"-0" crushed rock or sand as pipe zone       |
|                      | material.  |
|                      | In improved areas, above the pipe zone, use ¾"-0" crushed rock and compacted           |
|                      | to 95% of maximum dry density per ASTM T-99 test specification. Compacted              |
|                      | native material may be used in unimproved areas.                                       |
| Using Near           | Installations near waterlines must meet County regulations and building codes.         |
| Waterlines:          | For specific rules, contact Building Inspection Department.                            |

### PRESSURE SERVICE LINE

|                     | See Detail #3  |  |
|---------------------|--|--|
| Pressure Piping and | Schedule 40 or 80 PVC, 1" for simplex and 2" for duplex. ABS will not be             |  |
|                     | accepted. Solvent weld, using primer and cement.                                     |  |
|                     | Ball valves shall be PVC, the same size as the service line, located in a valve box. |  |
|                     | Swing check valves are to be bronze or PVC and same size as service line.            |  |
| Fittings:           | Saddle Taps: Call for an inspection; an operator must be present during hot tap      |  |
|                     | connections, and taps must be done by a licensed contractor or plumber.              |  |
|                     | Pressure service lines shall be pressure tested to 100 psi with no more than 5 psi   |  |
|                     | loss in 30 minutes. Call for inspection.   |  |
|                     | Install 12 gauge solid-core trace wire with green insulation continuously from the   |  |
|                     | force main to the tank riser, wrapping around the riser twice. Secure to pipe        |  |
| Trace Wire:         | every 20' and at all bends. Extend a loop of wire to the top of each valve box.      |  |
|                     | Make splices with waterproof heat shrink splice kits, or approved underground        |  |
|                     | connector.   |  |
|                     | See Detail #3  |  |
|                     | Box and cover are to be concrete with cast iron ring and lid. The lid needs to be    |  |
|                     | labeled as "Sewer". The box is to be a Brooks 1RT or 3T, as appropriate, with        |  |
|                     | valve box extension as required.   |  |
|                     | Valve assembly to be an in-line ball and check valve. A ball valve shall be located  |  |
|                     | in an 8-inch PVC riser with Brooks precast concrete box and cast iron lid above,     |  |
| Valve Box           | marked "Sewer". A plastic box may be allowed if in a landscaped area protected       |  |
| Assemblies:         | from traffic, and when approved by the District operator. The check valve shall      |  |
|                     | be direct buried, located adjacent to and downstream of the ball valve. "Goose       |  |
|                     | neck" installations are no longer required by the District.                          |  |
|                     | Install valve boxes true and plumb so that valves operate smoothly. Notch risers     |  |
|                     | such that there is a 4" minimum clear distance from the pressure service line.       |  |
|                     | Keep dirt and debris out of valve boxes. The valve box/riser assembly shall be       |  |
|                     | extended at least 4" from the fully collapsed position.                              |  |
|                     | Install pressure service line on a uniform grade from the septic tank to the force   |  |
|                     | main unless site conditions prohibit. Clean the interior of pipe of foreign material |  |
|                     | before connection to the force main.   |  |
|                     | Provide 4" pipe bedding of ¾"-0" debris-free crushed rock or sand. Install piping    |  |
| Installation and    | and provide 4" of ¾"-0" crushed rock or sand as pipe zone material. Lay pipe         |  |
| Backfill:           | with 12" minimum cover. The discharge line under hard surfaces must be               |  |
|                     | placed in a sleeve from the tank to the mainline.                                    |  |
|                     | In paved and graveled areas, backfill above pipe zone with ¾"-0" or 1"-0"            |  |
|                     | crushed rock, compacted to 95% of maximum dry density per ASTM T-99 test             |  |
| Flow Motors         | specification.   |  |
| Flow Meters:        | Not required in residential applications.  |  |

# PUMPS, CONTROLS, AND VAULT ASSEMBLIES

| Equipment Source:                | Orenco (Sutherlin, OR: 541-459-4449 & 800-348-9843)                                    |
|----------------------------------|--|
|                                  | See Detail #1  |
| Pump Models:                     | PF100511 (formerly P 1005) for 10 gpm applications                                     |
|                                  | PF200511 (formerly P 2005) for 20 gpm applications                                     |
|                                  | Simplex applications (one pump) will use Model MF-AB                                   |
| Flack Coultab                    | Duplex applications (two pumps) will use Model MF-4A                                   |
| Float Switch                     | Float switches will be mounted to a removable PVC stem from Orenco.                    |
| Assemblies:                      | Mount with no less than one inch of tether length.                                     |
| Screened Pump Vault Assemblies:  | Simplex and duplex applications will use Model pvu57-2419 Biotube assembly.            |
| Discharge Hose and Valve:        | Model HV100B. One is required for simplex installations, two for duplex.               |
| Effluent Filter                  | Simplex applications use Orenco Biotube Model FT-1554-36.                              |
| Assembly:                        | Duplex applications use two Model FT1254-36.   |
| Assembly.                        | Install so as to be easily removable from the tank, using Schedule 40 PVC.             |
|                                  | Must be serviced by a dedicated circuit; Simplex, 20 amp; Duplex, 30amp.               |
|                                  | Simplex use Model S-1ETM CT TS; Duplex use Model DAX-1ETM CT TS.                       |
|                                  | An inside mounted alarm test push button must be installed on both models.             |
| Pump Control                     | Mount to building exterior within sight of the septic tank riser, under an eave        |
| Panels:                          | and out of the sunlight where possible.  |
| rancis.                          | For manufactured homes, an optional mount in on a 4" x 4" x 8' pressure                |
|                                  | treated post. Use ¾" exterior grade plywood, painted grey, for the mounting            |
|                                  | backboard.   |
|                                  | Bottom of the panel on buildings or posts must be 5' above grade.                      |
| Electrical Wiring:               | No 16 AWG THHN or TFFN   |
|                                  | Schedule 40 PVC Conduit, UL listed; fittings to be OZ Gedney type – EYA or equal.      |
|                                  | Conduit sealing compound must be NEC approved.   |
|                                  | Install 18" below grade or 24" below grade in paved or gravel areas, or where          |
|                                  | required by electrical code.   |
|                                  | Splice box to be PVC, mounted inside the access riser.                                 |
| Electrical Conduit and Fittings: | Marion County Building Inspection Department must be called for an electrical          |
|                                  | inspection; this must be completed prior to making the sewer system                    |
|                                  | operational. The District will inspect the system as to compliance with their          |
|                                  | specifications, but operators are not licensed electricians and cannot perform         |
|                                  | electrical inspections.  |
|                                  | Backfill with native material in non-traffic areas. In traffic areas, use ¾"-0" or 1"- |
|                                  | 0" crushed rock compacted to at least 95% maximum dry density per ASTM T-99            |
|                                  | test specification.  |





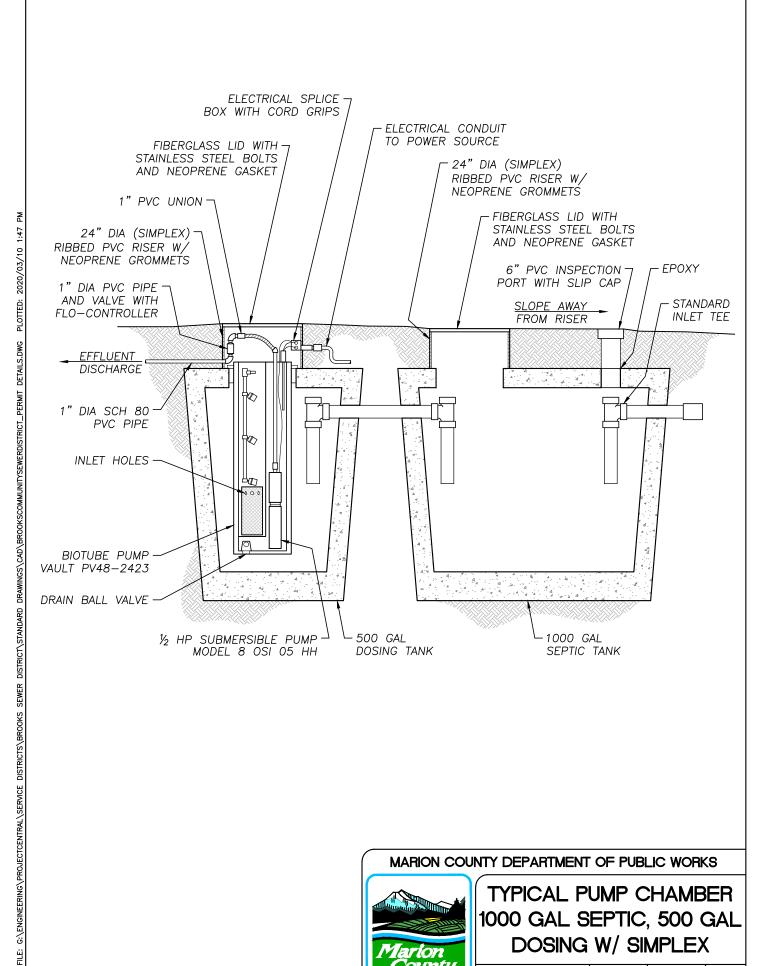
## 1" VALVE ASSEMBLY **CONNECTION DETAIL**

BROOKS COMMUNITY SEWER DISTRICT

DETAIL NO.

N.T.S.

1 of 1

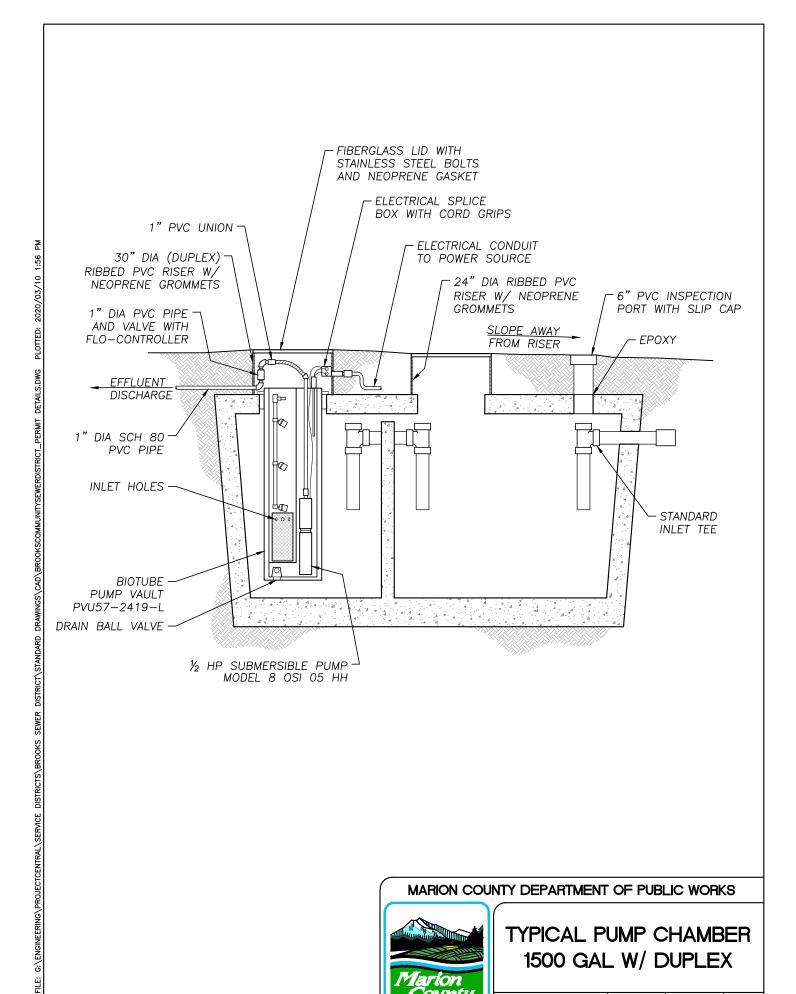


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BROOKS COMMUNITY

SEWER DISTRICT

CALE SHEET N.T.S. 1 OF 1



#### MARION COUNTY DEPARTMENT OF PUBLIC WORKS



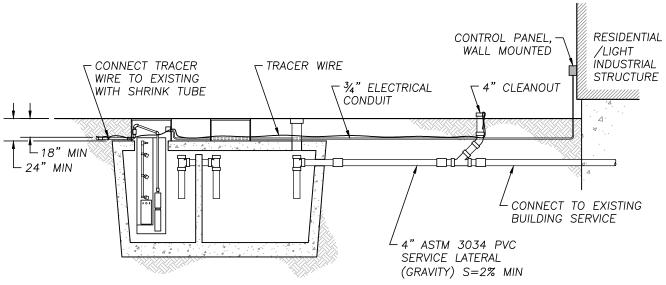
### TYPICAL PUMP CHAMBER 1500 GAL W/ DUPLEX

BROOKS COMMUNITY SEWER DISTRICT

1A

N.T.S.

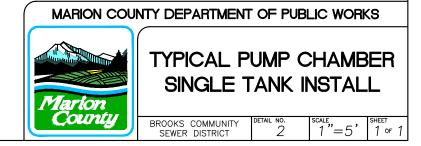
1 of 1



### **ELEVATION**

#### MINIMUM TANK SIZE REQUIREMENTS:

1000 GAL SEPTIC TANK, 500 GAL DOSING TANK W/ SIMPLEX PUMP FOR RESIDENTIAL OR 1500 GAL BAFFLED TANK W/ DUPLEX PUMPS FOR LIGHT INDUSTRIAL OR COMMERCIAL, IN NON-TRAVELED AREAS



PLOTTED: 2020/03/10 2:07 PM FILE: G:\ENGINEERING\PROJECTCENTRAL\SERVICE DISTRICTS\BROOKS SEWER DISTRICT\STANDARD DRAWINGS\CAD\BROOKSCOMMUNITYSEWERDISTRICT\_PERMIT DETALLS.DWG

|   | BROOKS COMMUNITY SERVICE DISTRICT                  |  |  |
|---|--|--|--|
| Marion  | Update my water/sewer account information          |  |  |
|   | Sign me up for sewer service   Service Start Date: |  |  |
| County  | SERVICE ADDRESS:                                   |  |  |
| O R E G O N                                   | Please fill out this form thorough                 | hly and to the best of your knowledge. If you have |  |
| , ,   | •  | ne District Office at (503) 588-5084               |  |
| or service_districts@                         |  |  |  |
| TENANT/OCCUPANT                               | INFORMATION  |  |  |
| CONTACT NAME:                                 |  | BUSINESS NAME:                                     |  |
| MAILING ADDRESS:                              |  | (if applicable) MAILING ADDRESS CITY, STATE, ZIP:  |  |
| PHONE NUMBER:                                 |  | EMAIL ADDRESS:                                     |  |
|   | and the Colonia Constitution                       |  |  |
| Preferred method of                           | contact: Phone Email M                             | all  |  |
| END OF LEASE DATE:                            |  |  |  |
| (if applicable)                               |  |  |  |
| OWNER INFORMATION                             | ON   | Same as Tenant                                     |  |
| CONTACT NAME:                                 |  | BUSINESS NAME:                                     |  |
| MAILING ADDRESS:                              |  | (if applicable) MAILING ADDRESS CITY, STATE, ZIP:  |  |
| PHONE NUMBER:                                 |  | EMAIL ADDRESS:                                     |  |
| Preferred method of contact: Phone Email Mail |  |  |  |
|   |  |  |  |
| BILLING INFORMATIO                            | DN:  | ☐Same as Owner ☐Same as Tenant                     |  |
| CONTACT NAME:                                 |  | BUSINESS NAME:                                     |  |
| MAILING ADDRESS:                              |  | (if applicable) MAILING ADDRESS CITY, STATE, ZIP:  |  |
| PHONE NUMBER:                                 |  | EMAIL ADDRESS:                                     |  |
| Preferred method of contact: Phone Email Mail |  |  |  |