



# Eastern Idaho Regional Sewer District

## RESIDENTIAL USER

### Application for Connection Permit

***I, the Applicant, apply to EIRSD for a Connection Permit to connect the parcel identified below to a collection system served by EIRSD's Oxbow Water Reclamation Facility:***

Owner's Name, Mailing Address, Email, and Phone Number	
Applicant's Name, Mailing Address, Email, and Phone Number, <i>if different than Owner</i>	
Physical Street Address of Property  <i>Complete attached sketch plan</i>	
Parcel Identification Number from County Parcel Map, Subdivision Name and Phase(s), Block, Lot, <i>if applicable</i>	
Requested Number of Equivalent Residential Units (ERU's), <i>if not a single residential connection</i>	
Date of Application	

I agree as follows to:

1. Comply with EIRSD's adopted ordinances, bylaws, policies, and standards, copies of which can be obtained from EIRSD's District Manager or at [www.eirsd.org](http://www.eirsd.org). This includes construction of the service connection(s) in accordance with EIRSD's Design and

Standards Manual and no discharge of sewage with strength in excess of the defined domestic characteristics.

2. Pay EIRSD's Capital Replacement Fee for this parcel, if not already paid.
3. Pay all applicable EIRSD fees (see [www.eirsd.org](http://www.eirsd.org) for current fee schedule) and to pay all attorney and court fees in the event of non-payment.
  - a. Note that upon issuance of this Connection Permit, EIRSD will begin billing the monthly Operation and Maintenance fee.
4. Provide 96 hours (4 days) minimum advanced notice to the EIRSD District Manager prior to connecting and discharging to EIRSD's system.
5. Be responsible for constructing, operating, and maintaining all conveyance infrastructure necessary to connect to EIRSD's system and the issuing agency's system.

***Payment or a receipt of payment for EIRSD's Capital Replacement Fee shall be attached to this application when submitted.***

***If connection to an EIRSD mainline is requested, payment for EIRSD's Mainline Connection Fee shall also be attached.***

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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***For EIRSD use below***

***This application is approved, and the requested Connection Permit is hereby issued:***

Signature of EIRSD District Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Sketch Plan:**

Provide a sketch plan below depicting the lot boundaries, the planned location of the structure, the planned location (with dimensions) of the sewer service lateral and connection point to the public sewer main, and any other features pertinent to the construction of the sewer connection.

