

Non-Residential Sewer Use Certification

- To be completed for all new sewer connections, reconnections or change of use of existing connections.
- This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.

Please Print or Type

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Subdivision Name _____ Lot # _____

Subdiv. # _____ Block # _____

Building Name _____
 (if applicable)

(_____) _____
 Owner's Phone Number (with Area Code)

(_____) _____
 Property Contact Phone Number (with Area Code)

Owner's Mailing Address _____

A. Fixture Units

Fixture Units x Number of Fixtures = Total Fixture Units

Kind of Fixture	Fixture Units		No. of Fixtures		Total Fixture Units
	Public	Private	Public	Private	
Bath tub and Shower	4	4			
Shower, per head	2	2			
Dishwasher	2	2			
Drinking fountain (each head)	1	.5			
Hose bibb (interior)	2.5	2.5			
Clotheswasher or laundry tub	4	2			
Sink, bar or lavatory	2	1			
Sink, Clinic flushing	8	8			
Sink, kitchen	3	2			
Sink, other (service)	3	1.5			
Sink, wash fountain, circle spray	4	3			
Urinal, flush valve, 1 GPF	5	2			
Urinal, flush valve, >1 GPF	6	2			
Urinal, waterless	0	0			
Water closet, tank or valve, 1.6 GPF	6	3			
Water closet, tank or valve, >1.6 GPF	8	4			
Total Fixture Units					

Residential Customer Equivalent (RCE)
 20 fixture units equal 1.0 RCE

Total No. of Fixture Units = RCE
 20

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

Property Tax ID # _____

Party to be Billed (if different from owner) _____

City or Sewer District _____

Date of Connection _____

Side Sewer Permit # _____

Please report any demolitions of pre-existing building on this property. Credit for a demolition may be given under some circumstances.

Demolition of pre-existing building? Yes No

Was building on Sanitary Sewer? Yes No

Was Sewer connected before 2/1/90? Yes No

Sewer disconnect date: _____

Type of building demolished? _____

Request to apply demolition credit to multiple buildings? Yes No

B. Other Wastewater Flow

(in addition to Fixture Units identified in Section A)

Type of Facility/Process: _____

Estimated Wastewater Discharge:
 _____ Gallons/days

Residential Customer Equivalents (RCE):
 187 gallons per day equals 1.0 RCE

Total Discharge (gal/day) = RCE
 187

C. Total Residential Customer Equivalents: (add A & B)

A
 +
 B
 = RCE

Pursuant to King County Code 28.84, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the King County Council at a rate per month per residential customer or residential customer equivalent for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount. **All future billings can be prepaid at a discounted amount.**

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-684-1740.

I certify that the information given is correct. I understand that the capacity charge levied will be based on this information and any deviation will require resubmission of corrected data for determination of a revised capacity charge.

Signature of Owner/Representative _____ Date _____

Print Name of Owner/Representative _____