Non-Residential Sewer Use Certification Sewage Treatment Capacity Charge



Department of Natural Resources and Parks Wastewater Treatment Division

To be completed for all new sewer connections, reconnections or change of use of existing connections. Please Print or Type						For King County Use Only		
						Account #		
					-	No. of RCEs		
						Monthly Rate		
Property Street Address						-		
City			State		ZIP	_		
Uity			Siate		LIF			
Owner's Name								
Owner's Mailing Address						— Property Tax ID #:		
						Subdivision Name: Lot #:		
City State ZIP					ZIP	Subdiv. #: Block #:		
Owner's Phone Number including Area Code						Building Name (if applicable):		
						City or Sewer District:		
Property Contact Phone Number including Area Code						Sewer or Building Permit Final Date:		
						Side Sewer or Building Permit Number:		
Party to be Billed (if different from owner)						Please report any demolitions of pre-existing structures on this property and include a copy of the permit.		
Address						Credit for a demolition may be given under some circumstances. (See King County Code 28.84.050, 0.5)		
City State ZIP					ZIP			
						Demolition of pre-existing structure? Yes No		
						Was structure on sanitary sewer?		
A. Fixture Units			- ·	-1	h.u.e. 11.22	Was sewer connected before 2/1/90? Yes No		
Fixture Units x Number	of Fix	xtures	5 = Iota	ai fix	ture Units	Sewer disconnection date:		
Kind of Fixture		e Units	No. of F		Total	Type of structure demolished:		
Bathtub and Shower	Public 4	Private 4	Public	Private	Fixture Units	Address of demolished structure:		
Shower, per head	2	4	+	<u> </u>	<u> </u>	Demolition or capping permit number:		
Dishwasher	2	2	+	L	+	Are multiple structures replacing the demolished structure? Yes		
Drinking fountain (each head)	1	0.5	+	L	<u> </u>			
Hose bibb (interior)	2.5	2.5	+	L		B. Other Wastewater Flow		
Clothes washer or laundry tub	4	2				(in addition to Fixture Units identified in Section A)		
Sink, bar or lavatory	2	1				Type of Facility/Process:		
Sink, Clinic flushing	8	8				1900 011 aciiity/1100035.		
Sink, kitchen	3	2						
Sink, other (service)	3	1.5				Estimated Wastewater Discharge:		
Sink, wash fountain, circle spray	4	3		·		Gallons/days		
	1 -	2				_ *		
Urinal, flush valve, ≤ 1 GPF	5					Popidantial Quaternary Empire Lants (DOE)		
Urinal, flush valve, \geq 1 GPF	5 6	2				Residential Customer Equivalents (RCE):		
	6					Residential Customer Equivalents (RCE): 187 gallons per day equals 1.0 RCE		
Urinal, flush valve, >1 GPF	6 6	2				187 gallons per day equals 1.0 RCE		
Urinal, flush valve, >1 GPF Water closet, tank or valve, \leq 1.6 GPF	6 6 8	2 3 4	Fixture	Units				
Urinal, flush valve, >1 GPF Water closet, tank or valve, \leq 1.6 GPF	6 6 8 Equival	2 3 4 Total I lent (R		Units		187 gallons per day equals 1.0 RCE Total Discharge (gal/day) 187 RCE C. Total Residential Customer Equivalents:		
Urinal, flush valve, >1 GPF Water closet, tank or valve, ≤1.6 GPF Water closet, tank or valve, >1.6 GPF Residential Customer B	6 6 8 Equival	2 3 4 Total I lent (R		Units		187 gallons per day equals 1.0 RCE Total Discharge (gal/day) 187		

Pursuant to King County Code 28.84.050, 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 Metropolitan 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.

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-477-5516.

I understand that the information given is correct. I understand that the capacity charge levied will be based on this information. I understand that any deviation may result in a revised capacity charge.

Signature of Owner/Representative ____

Date

Print Name of Owner/Representative____

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