

MINOR REPAIRS & RETROFITTING

Onsite Sewage System Record of Construction


Submittal Date	Memo Number

SITE INFORMATION

<i>Property Address – Street, City, Zip Code</i>		<i>Assessor's Account Number</i>	
<i>Property Owner</i>		<i>Property Owner Phone Number</i>	
<i>Onsite Sewage System Type</i> <input type="checkbox"/> Alternative <input type="checkbox"/> Standard Gravity		<i>Activity Type Completed</i> <input type="checkbox"/> Minor Repair <input type="checkbox"/> Retrofit	

RECORD DRAWING FOR MINOR REPAIRS & RETROFITTING

Note: This is a permanent record. Please use a straight edge to prepare an accurate, detailed, scaled drawing of the components on which the minor repair or retrofit was performed.



ACKNOWLEDGMENT & SIGNATURE OF PERSON PERFORMING WORK

*I understand and agree that this Record Drawing for Minor Repair or Retrofitting was completed by me in accordance with the allowances set forth within the Minor Repair Policy. **Only resident property owners, or Kitsap Public Health District-certified Installers, Maintenance Specialists, Pumpers may complete a minor repair or retrofit.***

<i>Name of Person Performing Work</i>	<i>Signature</i>	<i>Date</i>