

Non-Residential Sewer Use Certification

Sewage Treatment Capacity Charge



King County

Wastewater Treatment

To be completed for all new sewer connections, reconnections, or change of use of existing connections.

Please Print or Type

Property Street Address: _____

City: _____ State: _____ ZIP: _____

Owner's Name: _____

Owner's Mailing Address: _____

City: _____ State: _____ ZIP: _____

Owner's Phone Number including Area Code: _____

Property Contact Phone Number including Area Code: _____

Party to be Billed (if different from owner): _____

Address: _____

City: _____ State: _____ ZIP: _____

A. Fixture Units

Fixture Units x Number of Fixtures = Total Fixture Units

Kind of Fixture	Fixture Units Public	Fixtures Units Private	No. of Fixtures Public	No. of Fixtures Private	Total Fixture Units
Bathtub and Shower	4	4			
Shower, per head	2	2			
Dishwasher	2	2			
Drinking fountain (each head)	1	0.5			
Hose bibb (interior)	2.5	2.5			
Clothes washer 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			
Water closet, tank or valve, 1.6 GPF	6	3			
Water closet, tank or valve, >1.6 GPF	8	4			

Residential Customer equivalent (RCE)

20 fixture units equal 1.0 RCE

Total Fixture Units ÷ 20 = _____ RCE

Total Fixture Units

For King County Use Only

Accounty #: _____

No. of RCEs: _____

Monthly Rate: _____

Property Tax ID #: _____

Subdivision Name: _____ Lot #: _____

Subdivision #: _____ Block #: _____

Building Name (if applicable): _____

City or Sewer District: _____

Sewer or Building Permit Final Date: _____

Side Sewer or Building Permit Number: _____

Please report any demolitions of pre-existing structures on this property and include a copy of the permit.

Credit for a demolition may be given under some circumstances. (See King County Code 28.84.050, O.5)

Demolition of pre-existing structure? ☐ Yes ☐ No

Was structure on sanitary sewer? ☐ Yes ☐ No

Was sewer connected before 02/01/90? ☐ Yes ☐ No

Sewer disconnection date: _____

Type of structure demolished: _____

Address of demolished structure: _____

Demolition or capping permit number: _____

Are multiple structures replacing the demolished structure? ☐ 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) ÷ 187 = _____ RCE

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

A _____ + B _____ = _____ Total RCE

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 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: _____