

MINOR REPAIRS & RETROFITTING


Onsite Sewage System Record of Construction

Submittal Date	Memo Number

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

RECORD DRAWING FOR MINOR REPAIRS & RETROFITTING

Note: This is a permanent record. Please use a straightedge to prepare an accurate, detailed drawing of the items that the minor repair or retrofit was conducted upon the OSS system, drawn to scale OR locations triangulated, that includes the following required information:



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 Policy 15 – Minor Repairs. **Only Kitsap Public Health District Certified, Installers, Maintenance Specialists, Pumpers or resident property owners may complete a minor repair or retrofit.**

Name of Person Performing Work

Signature

Date