

## **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	Activity Type Completed	
Alternative Standard Gravity	Minor Repair Retrofit	
RECORD DRAWING FOR MINOR REPAIRS & RETROFITTING	<u> </u>	
Note: This is a permanent record. Please use a straightedge to prepare an accurate, detailed, scaled drawing of the		
components on which the minor repair or retrofit was performed.		
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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	