


## 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	
<p><b>Note:</b> 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.</p> <div style="text-align: right; margin-top: 20px;">  </div>	
ACKNOWLEDGMENT & SIGNATURE OF PERSON PERFORMING WORK	
<p>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. <b>Only Kitsap Public Health District Certified, Installers, Maintenance Specialists, Pumpers or resident property owners may complete a minor repair or retrofit.</b></p>	
Name of Person Performing Work	Signature
	Date