RONALD WASTEWATER DISTRICT
P.O. BOX 33490 17505 LINDEN AVENUE N
SHORELINE WA 98133-0490
(206) 546-2494

COMMERCIAL (Non-Residential) SEWER USE CERTIFICATION

(To be completed for all new sewer connections, reconnections or changes of use after 12/1/90)

PROPERTY LOCATION:_____

PROPERTY LEGAL DESCRIPTION:_____

PROPERTY OWNER'S NAME:_____

MAILING ADDRESS:_____
PHONE #:_____ DATE OF CONNECTION or USE CHANGE:_____

A. FIXTURE UNITS ***(number of fixtures x fixture units = total fixture units <public or private>)***

Type of Fixture	Fixture Units Public	Fixture Units Pvt	No. of Fixtures Public	No. of Fixtures Pvt	Total Fixture Units
Bathtubs and shower	4	4			
Shower, per head	2	2			
Dental units or lavatory	1	1			
Dishwasher	2	2			
Drinking fountain (each head)	1	0.5			
Hose bibb (interior)	2.5	2.5			
Laundry tub or clothes washer	4	2			
Sink, bar or lavatory	2	1			
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			
				TOTAL FIXTURE UNITS	

RCE - 20 fixture units equals 1.0 RCE Total Number of Fixture Units ÷ 20 = _____RCE

B. OTHER WASTEWATER FLOW (in addition to fixture units identified in Section A)
Type of Facility/Process:_____
Est Wastewater Discharge: _____ Gallons/day.
187 Gallons per day equals 1.0 RCE
Total Discharge (gal/day) ÷ 187 = _____ RCE

Total RCE: (add A & B)
A. _____
+ B. _____
= C. _____RCE

I certify that the information provided is correct. I understand that the "General Facilities Charge" levied will be based on this information. Any deviation will require resubmission of corrected information for determination of a revised charge.

Owner Signature_____ Date_____
Or
Authorized Agent_____ _____
Print Name Authorization