

Sewer Use Certification Form

Edmonds Wastewater Treatment Plant

Non-Residential

Planning & Community Development
 17500 Midvale Ave N
 Shoreline, WA 98133
 206-801-2500
 pcd@shorelinewa.gov



Projects with both a non-residential and residential component, such as mixed-use buildings, should provide *both* a non-residential and a residential Sewer Use Certification Form. If the fixtures in commercial spaces are not known at this time, then the form should instead be provided with the later Building Permit – Tenant Improvement prior to renovation or build out of the commercial space.

Property Owner Name _____ Date of Connection (if known) _____

Property Owner Mailing Address _____

Email _____ Phone _____

Project Address(es) or Tax Parcel ID(s) _____

Property Legal Description _____

Project Description _____

A. Fixture Units

Number of Fixtures x Fixture Units = Total Fixture Units <public or private>

Type of Fixture	Public units per fixture	Private units per fixture	Public number of fixtures	Private number of fixtures	Units
Bathtubs and shower	4 x	4 x			
Shower, per head	2 x	2 x			
Dental units or lavatory	1 x	1 x			
Dishwasher	2 x	2 x			
Drinking fountain (each head)	1 x	0.5 x			
Hose bib (interior)	2.5 x	2.5 x			
Laundry tub or clothes washer	4 x	2 x			
Sink, bar or lavatory	2 x	1 x			
Sink, kitchen	3 x	2 x			
Sink, other (service)	3 x	1.5 x			
Sink, wash fountain, circle spray	4 x	3 x			
Urinal, flush valve, 1 GPF	5 x	2 x			
Urinal, flush valve, >1 GPF	6 x	2 x			
Water closet, tank or valve, 1.6 GPF	6 x	3 x			
Water closet, tank or valve, >1.6 GPF	8 x	4 x			

Total Fixture Units: _____

Total Part A RCE:

Residential Customer Equivalent (RCE): 20 fixture units equals 1.0 RCE.

B. Other Wastewater Flow

Fill out this section if there will be wastewater flow *in addition to* the units identified in *Fixture Units*, above.

Type of Facility/Process: _____

Estimated Wastewater Discharge: _____ gallons per day.
(187 gallons per day equals 1.0 RCE)

Total Discharge (gal/day) ÷ 187 = _____ **Total Part B RCE**

C. Total Wastewater Flow

Total RCE from Part A

Total RCE from Part B

Total RCE

_____ + _____ = _____

General Facility Charge (GFC) Total = Total RCE x 2024 GFC (\$4,552) = \$ _____

Treatment Facility Charge (TFC) Total = Total RCE x 2024 ULID #2 TFC (\$3,533) = \$ _____

I certify that the information provided is correct. I understand that the charges 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 Signature _____ Date _____