



City of Poulsbo

200 NE Moe Street

Poulsbo, Washington

98370-7347

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www.cityofpoulsbo.com

WAIVER REQUEST OF SEWER PENALTY

Who Completes this Application?

Property Owners and/or Authorized Persons requesting a Waiver of the Wastewater (Sewer) Penalty for Non-Connected Services

This Wastewater (Sewer) Penalty is assessed to those residences or facilities located within 200 ft of the City's Sewer System and who are not connected

What is the Timing on this Adjustment Request?

Once the initial Waiver Request is submitted with proper documentation and reviewed for completeness, the penalty will be waived

To continue to receive a Waiver of Wastewater (Sewer) Penalty, the property's sewer system must be evaluated and documentation submitted to the City:

Once Every 3 Years

For all systems consisting solely of a septic tank and gravity subsurface soil absorption system

Yearly

For all other systems, unless more frequent inspections are specified by the Health Department

What are the Requirements for Submission?

This completed, signed application along with documentation attached to show septic system has been inspected and evaluated in accordance to State Health rules.

Inspection must be done by a Certified Monitoring & Maintenance Specialist as designated by the Kitsap Public Health District: www.kitsappublichealth.org

PMC 3.12.100(E)(4) - Wastewater Service Penalty (Non-Connected Services): The wastewater service penalty will be waived for those properties that provide documentation to the City that they have had their septic systems inspected and evaluated in accordance with State Health rules (WAC Chapter 246-272A). State rules currently require that standard gravity systems be inspected at least once every three years, and advanced treatment systems must be inspected at least once per year.

Utility Account Number: _____ Request Date: _____

Property Address: _____

Requestor's Name: _____

Requestor's Mailing Address: _____

Requestor's E-mail Address: _____ Contact Phone: _____

Date of Last Inspection: _____

Check Type of System:

System consisting solely of a septic tank and gravity subsurface soil absorption system

Advanced Treatment System approved by the Health Department

Signature Section:

I, the undersigned, hereby declare the information provided above is true and correct to the best of my knowledge. I understand my request may be denied if it does not meet the criteria for a waiver as stated in the Poulsbo Municipal Code.

Requestor's Signature

Date Signed