



# City of Buckley

P.O. Box 1960 ♦ Buckley, WA 98321 ♦ (360) 829-1921 ext. 7801

## CERTIFICATE OF SEWER AVAILABILITY

### PART A: TO BE COMPLETED BY APPLICANT

PROJECT ADDRESS \_\_\_\_\_ APPLICANT NUMBER \_\_\_\_\_

SUBDIVISION/PROJECT NAME \_\_\_\_\_ PARCEL# \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

Proposed sewer usage \_\_\_\_\_ (# ERU's\*)

\*Note: Each equivalent residential unit means 265 gallons per day pursuant to Table 14.10.016

Customer type:      Rural residential      Residential      Multi-Family      Commercial      Industrial

### (OPTIONAL INFORMATION)

APPLICANT'S AGENT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

APPLICANT'S ENGINEER \_\_\_\_\_ ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX \_\_\_\_\_

### PART B: TO BE COMPLETED BY AGENCY

1. (a) Sewer service will be provided by side sewer connection only to an existing \_\_\_\_\_ (size) sewer main \_\_\_\_\_ feet from the site and the sewer system has the capacity to serve the proposed use.

**OR**

- (b) Sewer service will require an improvement to the sewer system of:
  - (i) \_\_\_\_\_ feet of sewer trunk or lateral to reach the site; and/or
  - (ii) The construction of a collection system on site; and/or
  - (iii) Other (describe): \_\_\_\_\_

2. (a) The sewer improvement is in conformance with the City approved sewer comprehensive plan.

**OR**

- (b) The sewer system improvement will require a sewer comprehensive plan amendment.

3. (a) The proposed project is within the corporate limits of the City of Buckley, is within the City's existing service area (areas currently being served) or has been granted Boundary Review Board (BRB) approval for the extension of service outside the city.

**OR**

(b) Annexation or BRB approval will be necessary for the provision of sanitary sewer service.

4. Service is subject to the following fees and charges:

(a) Connection charge: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

(b) General facility charge: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

(c) Sewer permit charge:

Residential building sewer permit: \$ \_\_\_\_\_

Commercial building sewer permit \$ \_\_\_\_\_

Industrial building sewer permit \$ \_\_\_\_\_

(d) Easement(s): \_\_\_\_\_

(e) Latecomer's fee \$ \_\_\_\_\_ Comments: \_\_\_\_\_

(f) Other: \_\_\_\_\_

Comments: \_\_\_\_\_

5. Applicant shall abandon the existing septic system in accordance with Tacoma-Pierce County Health Department requirements.

**CONDITIONS OF CERTIFICATION:**

1. It is the responsibility of the owner/developer to verify, by an engineering study, whether it is possible to connect by gravity line or pressurized line to the existing City sewer system (a private lift station may be installed, but is not desirable). The City may require, at its option, the verification to be in the form of a letter signed by a professional civil engineer.

2. When new sanitary sewer lines are installed, the City typically installs or requires to have installed stub-outs to the property line. This is done as a courtesy to the property owners. The City does not guarantee a stub for all properties nor does it guarantee the condition or location of the stub.

It is the responsibility of the owner/contractor to have an approved connection from the building sewer to the City's sewer main. If there is a stub, it is in good condition, and the owner/contractor can locate it, then it is available for use. The determination of condition of existing sanitary sewer stubs shall be the sole responsibility of the City and the City's decision shall be final.

If the stub is broken or the City inspector determines that the stub's condition is not acceptable, it shall be the owner/contractor's responsibility to repair the stub, replace the stub at the existing tee, or to install a new stub and tee directly into the main. The method of repair/replacement to be determined by the City's inspector.

I hereby certify that the above sanitary sewer information is true. This certification shall be valid for one year from date of signature. (Fee information is subject to change without notice).

CITY OF BUCKLEY – PUBLIC WORKS DEPARTMENT \_\_\_\_\_

Signatory Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date