

CONSTRUCTION COMPLETION REPORT FORM

In accordance with WAC 246-290-120 (5), a **Construction Completion Report** is required for all approved construction projects. Operators **must** submit a Construction Completion Report to us within sixty (60) days of completion and before use of any water system facility. This includes any source, water quality treatment, storage tanks, booster pump facilities, and distribution projects.

Please type or print legibly in ink:

_____	DOH System ID No.: _____
Name of Water System	
_____	DOH Project No.: _____
Name of Purveyor (Owner or System Contact)	(if applicable)
_____	Date Construction Documents
Mailing Address	Approved by DOH _____
_____	(If applicable)
City State Zip	

PROJECT NAME AND DESCRIPTIVE TITLE: _____

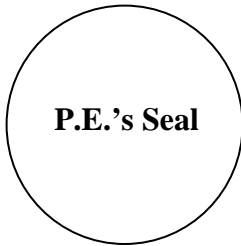
CHECK ONE: Entire Project Completed. Description of Portions Completed.

PROFESSIONAL ENGINEER'S ACKNOWLEDGMENT *(Complete items below--Attach additional sheets as needed)*

The undersigned professional engineer (PE), or their authorized agent, has inspected the above-described project which, as to layout, size and type of pipe, valves and materials, reservoir and other designed physical facilities, has been constructed and is substantially completed in accordance with construction documents reviewed by the purveyor's engineer or approved by the Department of Health. In the opinion of the undersigned engineer, the installation, physical testing procedures, water quality tests, and disinfection practices were carried out in accordance with state regulations and principles of standard engineering practice.

I have reviewed the disinfection procedures , pressure test results , and results of the bacteriological test(s) for this project and certify that they comply with the requirements of the construction standards/specifications approved by the Department of Health. (Check all boxes that apply that are consistent with the nature of the project.)

This project changes the physical capacity of the system to serve consumers. The system is now able to serve _____ equivalent residential units (ERUs.) Not applicable



Date Signed

Name of Engineering Firm

Name of PE Acknowledging Construction

Mailing Address

City State Zip

Engineer's Signature

State/Federal Funding Type (if any) _____

Please return completed form to your regional office checked below.

- | | | |
|---|--|---|
| <input type="checkbox"/> NWRO Drinking Water
Department of Health
20425 72 nd Ave. S, Ste 310
Kent, WA 98032-2388
253-395-6750 | <input type="checkbox"/> SWRO Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
360-236-3030 | <input type="checkbox"/> ERO Drinking Water
Department of Health
16201 E. Indiana Ave, Suite 1500
Spokane Valley, WA 99216
509-329-2100 |
|---|--|---|

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

The operator must attach a completed Water Facilities Inventory (WFI) form in accordance with WAC 246-290-120(6), if applicable. Contact your regional office for WFI forms or additional Construction Completion Report forms.