Construction Completion Report Form
for Submittal Exception Process

Washington State Department of
Health
Division of Environmental Health
Office of Drinking Water

In accordance with WAC 246-290-120(5), a ***Construction Completion Report Form*** is required for all approved construction projects. Purveyors **must** submit a Construction Completion Report to the Department of Health (DOH) within sixty (60) days of completion and before use of any water system facility. This includes any storage tank and booster pump facilities reviewed under the submittal exception process as provided by WAC 246-290-125(3). Under the submittal exception process for other distribution-related facilities (including distribution main projects), designed by a professional engineer but not submitted to DOH for approval, the report does not need to be submitted. However, the purveyor **must** keep the Construction Completion Report on file and make it available for review upon request by DOH in accordance with WAC 246-290-125 (2)(b) and WAC 246-290-125(3)(f). Furthermore:

(1) The report form **must** bear the seal, date and signature of a professional engineer (PE) licensed in the state of Washington;

(2) If project construction is being completed in stages, attach a description of the portion of the project being completed as approved that is acknowledged by a PE on the date given below;

(3) As future portions of staged construction projects are completed, each **must** be acknowledged by a PE; and

(4) Per WAC 246-290-120(5)(c), the amount of change in the physical capacity of a system must be documented, if the project results in a change in physical capacity.

Please type or print legibly in ink:

_____
Name of Water System

DOH System ID No.:_____

_____
Name of Purveyor (Owner or System Contact)

_____
Mailing Address

Date WSP Approved by DOH_____

_____
City   State   Zip

Type of Project (check all that apply):
(Project must be identified in the CIP of the Water System Plan)
☐ Booster Pump Station(s) - If checked send form to DOH
☐ Reservoir and Storage Tank(s) – If checked send form to DOH
☐ Pressure Tank(s)
☐ Internal Tank Coating
☐ Transmission Main(s)
☐ Other (specify):
_____

For project reports and construction documents that have not been reviewed by DOH, provide name of PE who completed *Engineering Design Review Report Form* (a departmental form):

_____
Name of PE Shown as Review Engineer

Project Name and Descriptive Title:
Check one:
☐ Entire Project Completed.   ☐ Description of Portions Completed.
Complete (Attach additional sheets as needed):

Professional Engineer's Acknowledgment

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 DOH. 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 DOH. (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

_____
Name of Engineering Firm**

_____
Name of PE Acknowledging Construction

_____
Mailing Address**

PE's Seal

_____
City   State   Zip**

_____
**Complete if PE acknowledging construction
Engineer's Signature   Date   completion is not employed directly by water
                                                                         system.

Please return completed form to DOH regional office checked below if the project is for new storage tanks or booster pump stations. For all other distribution related projects, please maintain on file.

☐ Northwest Drinking Water	☐ Southwest Drinking Water	☐ Eastern Drinking Water
Department of Health	Department of Health	Department of Health
2040 72nd Ave S, Suite 110	PO Box 47823	16201 E Indiana Ave, Suite 1500
Kent, WA 98032-2358	Olympia, WA 98504-7823	Spokane Valley, WA 99216
Phone: (253) 395-6750	Phone: (360) 236-3030	Phone: (509) 329-2100
Fax: (253) 395-6760	Fax: (360) 664-8058	Fax: (509) 329-2104

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

For persons 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).

DOH Form 331-146 (Updated 08/10)