



CONSTRUCTION COMPLETION REPORT FORM FOR DISTRIBUTION MAIN PROJECTS

In accordance with WAC 246-290-120(5), a **Construction Completion Report** is required for all construction projects. Under the submittal exception process for distribution main projects, designed by a professional engineer but not submitted to the Department of Health (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).** Furthermore:

- (1) The report form **must** bear the seal, date and signature of a professional engineer (PE) licensed in the state of Washington; and
- (2) 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.

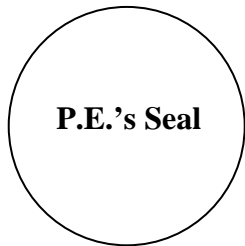
Name of Water System	DOH System ID No.: _____
Name of Purveyor (Owner or System Contact)	Date Water System Plan that includes Standard Construction Specifications
Mailing Address	Date Standard Specifications Approved by DOH: _____
City State Zip	

PROJECT NAME AND DESCRIPTIVE TITLE:
 (Include the name of any development project and number of services.) _____ Date Project or Portions Thereof Completed _____

PROFESSIONAL ENGINEER'S ACKNOWLEDGMENT

The undersigned professional engineer (PE), or his/her authorized agent, has inspected the above-described project that, as to layout, size and type of pipe, valves and materials, and other designed physical facilities, has been constructed and is substantially completed in accordance with construction documents reviewed by the purveyor's engineer. 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 DOH.



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 keep a completed, signed, and stamped copy on file.

- | | | |
|---|---|--|
| <input type="checkbox"/> Northwest Drinking Water
Department of Health
20435 72 nd Ave S, Suite 200
Kent, WA 98032-2358
Phone: (253) 395-6750
Fax: (253) 395-6760 | <input type="checkbox"/> Southwest Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
Phone: (360) 236-3030
Fax: (360) 664-8058 | <input type="checkbox"/> Eastern Drinking Water
Department of Health
16201 E Indiana Ave, Suite 1500
Spokane Valley, WA 99216
Phone: (509) 329-2100
Fax: (509) 329-2104 |
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