



CONSTRUCTION COMPLETION REPORT FORM

In accordance with WAC 246-290-120 (5), a **Construction Completion Report** is required for all approved construction projects. Purveyors **must** submit a Construction Completion Report to the Office of Drinking Water (ODW) 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:

Name of Water System

DOH System ID No.: _____

Name of Purveyor (Owner or System Contact)

DOH Project No.: _____
(if applicable)

Mailing Address

Date Construction Documents

Approved by DOH _____
(If applicable)

City State Zip

PROJECT NAME AND DESCRIPTIVE TITLE: _____

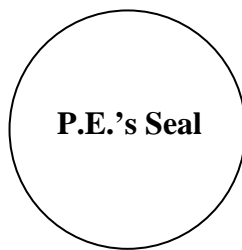
CHECK ONE: Entire Project Completed. Description of Portions Completed.

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 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



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 DOH regional office checked below.

NWRO Drinking Water
Department of Health
20435 72nd Ave. S, Ste 200
Kent, WA 98032-2358
(253) 395-6750

SWRO Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
(360) 236-3030

ERO Drinking Water
Department of Health
1500 W. Fourth Ave, Suite 305
Spokane, WA 99201
(509) 456-3115

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

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.