|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOH logo  Large On-site Sewage System (LOSS)Construction Completion Report | | | | |
| **As required by WAC 246-272B-02350 and 05400:**Before a new or modified Large On-site Sewage System (LOSS) is used and within 60 days following the completion of construction, a licensed engineer must stamp, sign, and submit to Department of Health (DOH) a**LOSS Construction Completion Report** *(using this form)* and**record drawings**of the LOSS. Also, before the LOSS is used, the owner must submit to DOH the **final****Operation and Maintenance Manual,**developed and stamped by a licensed engineer for the installed LOSS and the **final Management Plan**. DOH will issue notice that the LOSS may be put into service when all documents are received and found to be adequate.  **Please note:**   * **If a project is being completed in phases, attach a map and description of the portion of the project being certified as being completed as approved by DOH on the date noted below.** * **As future project phases are completed, each must be certified as required by WAC 246-272B-02350 and 05400.** * **You may request LOSS Construction Completion Report forms from DOH at** [**wastewatermgmt@doh.wa.gov**](mailto:wastewatermgmt@doh.wa.gov) **or call (360) 236-3330 or find it on the web at** [**www.doh.wa.gov/LOSS**](http://www.doh.wa.gov/LOSS) | | | | |
| Name and System ID of Project Served by LOSS: | | | Date Plans and Specifications Approved by DOH: | |
| LOSS Owner’s Name: | | | LOSS Owner’s Email Address: | |
| Mailing Address: | | | Name of County: | |
| City, State, Zip Code: | | | Date Project (or Portions Thereof) Completed: | |
| Brief Description of LOSS Project:    Select One:  **This project changes the physical capacity of the LOSS to serve customers. The LOSS is now able to treat up to** **\_\_\_\_\_\_\_\_\_\_ gallons per day.**  **This project does not change the physical capacity of the LOSS. The LOSS continues to be able to treat up to      \_\_\_\_\_\_\_\_\_\_ gallons per day.** | | | | |
| **The undersigned engineer licensed in Washington state or his/her authorized agent has inspected the above-described project, which as to layout, size and type of pipe, valves and materials, and other designed physical facilities has been constructed in accordance with the plans and specifications approved by the Department of Health, and in the opinion of the engineer, the installation and testing of the system was carried out in accordance with the specifications approved by DOH for the project.** | | | | |
| **Engineer’s Signature:** | | **Date Signed:** | | |
| **Please submit completed form and other required documents to** [**wastewatermgmt@doh.wa.gov**](mailto:wastewatermgmt@doh.wa.gov)**. Submit any remaining invoiced payment to: :** | | | | **Engineer’s Seal:** |
| **Department of Health**  **Accounts Receivable**  **PO Box 1099**  **Olympia, WA 98507-1099** | **For Department of Health Revenue Use Only**  0597267020 | | |  |