

Appendix Q

CONSTRUCTION COMPLETION REPORT



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DOH PROJECT ID# /

**CONSTRUCTION REPORT FOR PUBLIC WATER SYSTEM PROJECTS**

Effective April 15, 1991, the following Regulation applies; WAC 246-290-040(2) - "A Construction Report for Public Water System Projects shall be submitted to the department on a form provided by the department within xty days of completion and before use of any project approved by the department. The form shall be signed by a professional engineer, or in the case of projects not requiring engineering expertise as outlined in this section, the certified designer. The report shall state the project is constructed and is substantially completed in accordance with approved construction documents; and in the opinion of the engineer, based on information available, the installation, testing, and disinfection of the system was carried out per department rules."

- (a) If a project is being completed in stage construction, attach a map and description of portion of project being certified as completed as approved on date given below.
- (b) As future portions of staged construction projects are completed, each must be certified as required by WAC 246-290-040(2).
- (c) Additional certification forms are available upon request from the DOH office listed below.

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Name of Water System	DOH Water System No.: _____								
Mailing Address	Referendum No. (if any): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>								
City                      State                      Zip	Date Plans and Specifications Approved by Department of Health: _____								
	Date Project or Portions Thereof Completed: _____								

**PROJECT NAME AND DESCRIPTIVE TITLE:**

The undersigned engineer or his 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 in accordance with the plans and specifications approved by the Secretary, Department of Health, and in the opinion of the engineer, the installation, testing and disinfection of the system was carried out in accordance with the specifications approved by the Secretary for the project.



\_\_\_\_\_  
Engineer

\_\_\_\_\_  
Date

Please return completed form to: Department of Health  
Drinking Water Program  
1500 W Fourth Ave, Suite 305  
Spokane, WA 99204

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