In accordance with WAC 246-290-120 (5), this Construction Completion Report Form is required for all approved construction projects. Operators **must** submit a Construction Completion Report to us within sixty (60) days of completion and before using any water system facility. This includes any source, water quality treatment, storage tanks, booster pump facilities, and distribution projects.

|  |
| --- |
| Name of Water SystemClick or tap here to enter text. |
| Name of Purveyor (Owner or System Contact)Click or tap here to enter text. |
| DOH System ID NumberClick or tap here to enter text. |
| Mailing AddressClick or tap here to enter text. |
| **City**Click or tap here to enter text. | **State** Click or tap here to enter text. | **Zip Code +4** ([Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction%21input.action))Click or tap here to enter text. |
| DOH Project Number *(if applicable)*Click or tap here to enter text. | **DOH Approval Date of Construction Documents** *(if applicable)*Click or tap to enter a date. |
| **Project Name and Descriptive Title** |
| Click or tap here to enter text. |
| **Check One** | [ ]  Entire project completed. | [ ]  Description of portions completed. |
| **Professional Engineer’s Acknowledgment** *(complete items below—attach additional pages 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 Department of Health. 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 [ ]
* Bacteriological test(s) results [ ]

for this project and certify that they comply with the requirements of the construction standards/specifications approved by the Department of Health. (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** | Click or tap to enter a date. |
| **Name of Engineering Firm** | Click or tap here to enter text. |
| **Name of PE Acknowledging Construction** | Click or tap here to enter text. |
| **Mailing Address** | Click or tap here to enter text. |
| **Engineer’s Signature**(use */s/ FirstName LastName* for electronic signature) | Click or tap here to enter text. |
| **State/Federal Funding Type** *(if any)* | Click or tap here to enter text. |
| **PE’s Seal** |
| **Please email this form to your regional office.** |
| **Eastern Regional Office**eroadmin@doh.wa.gov | **Northwest Regional Office**dw.nwro.wsprojects@doh.wa.gov | **Southwest Regional Office**swro.admin@doh.wa.gov |
| The operator must attach a completed Water Facilities Inventory (WFI) form in accordance with WAC 246-290-120(6), if applicable. Contact your regional office for WFI forms or additional Construction Completion Report forms. |

# For More Information

Find more resources on our [Publications and Forms webpage](https://doh.wa.gov/community-and-environment/drinking-water/publications-and-forms).

[Eastern Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/EasternRegionalOfficeStaff), Spokane Valley 509-329-2100.

[Northwest Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/NorthwestRegionalOfficeStaff), Kent 253-395-6750.

[Southwest Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/SouthwestRegionalOfficeStaff), Tumwater 360-236-3030.