Northeast Tri County Health District
Environmental Health Division

CONSTRUCTION COMPLETION REPORT FORM

In accordance with Northeast Tri County Health District (NETCHD) Resolution 01-2017, Section 9(5), a ***Construction Completion Report*** is required for all approved construction projects. Purveyor **must** submit a Construction Completion Report to NETCHD 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. The purveyor must attach a completed Water Facilities Inventory (WFI) form as part of the Construction Completion Report. Submittal of this form by a non-Professional Engineer will initiate the requirement for a final inspection by NETCHD to be conducted. Access to all necessary facilities will be required for final approval.

Please type or print legibly in ink:

Name of Water System:		**PWS ID #:**
Name of Purveyor (Owner or System Contact):		
Mailing Address:		
City:	**State:**	**Zip:**
NETCHD Project #:	**Date Construction Documents Approved by NETCHD:**	

PROJECT NAME AND DESCRIPTIVE TITLE:_____

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

DESIGNERS ACKNOWLEDGMENT (Complete items below–Attach additional sheets as needed):
The undersigned, 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 approved by Northeast Tri County Health District. In the opinion of the undersigned, the installation, physical testing procedures, water quality tests, and disinfection practices were carried out in accordance with state regulations and principles of standard practice.

I have reviewed:

☐ the disinfection procedures ☐ pressure test results ☐ results of the bacteriological test(s) for this project and certify that they comply with the requirements of the construction standards/specifications approved by Northeast Tri County Health District. (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

For Professional Engineers
Apply Seal Here

_____
Name of Designer Company/Engineer Firm

_____
Name of Designer/Engineer

_____
Mailing Address

_____
City **State** **Zip**

_____
Signature **Date**