CONSTRUCTION COMPLETION REPORT (Effective Date: April 2004)



Project Name/Number:				PWSSP File #	
Water System Name:				PWSSP#	
Construction Permit #:			Date of Issue:		
Anticipated Date of Cor	mpletion:		_		
	Project Owner		Project Eng	ineer	
Name:		Name:			
Address:		Address:			
Phone/Fax #:		Phone/Fax #:			
Submittal of Documen	its: (Check all applicable boxes)				
	s-built plans and specification				
	record form, resulted of pumping tests a	and susceptibilit	y assessment report	for new wells	
	aint coating(s) used for new storage tan		,		
Proof of testing of a	Il backflow prevention assemblies instal	led			
Results of pressure.	/leakage tests on pipelines				
Results of chemical	and radiological analyst of new sources	s and/or treated	water		
Results of bacteriological	ogical analysis following disinfection, inc	luding chlorine	residual at the time o	of sample collection	
Letter of acceptance	e from the organization responsible for o	peration and m	aintenance		
Any information spe	ecified as a special condition of the cons	truction permit			
	construction took place under my super ions and that I accept the responsibility nature on them.				
Project En	igineer's Name	Signature/Date		Registration No.	
I hereby certify that the	construction is completed as explained	above and I am	fully aware of all the	e information presented.	
	Project Owner's Name/Title		Signature/Date		