

# Construction Completion Report

In accordance with WAC 246-290-120(5), a **Construction Completion Report** is required for all approved construction projects. Purveyors **must** submit a Construction Completion Report to the Department of Health (DOH) 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.

*Please type or print legibly in ink:*

Freeland Water & Sewer District  
Name of Water System

DOH System ID No.: 064508

\_\_\_\_\_  
Name of Purveyor (Owner or System Contact)

DOH Project No.: \_\_\_\_\_  
(if applicable)

Mailing Address PO Box 222  
Freeland WA 98249  
City State Zip

Date Construction Documents  
Approved by DOH  
(if applicable)

### Project Name and Descriptive Title:

Check one:

Entire Project Completed.  Description of Portions Completed.

**Complete (Attach additional sheets as needed):**

### Professional Engineer's Acknowledgment

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 DOH. 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 , and results of the bacteriological test(s)  for this project and certify that they comply with the requirements of the construction standards/specifications approved by the DOH. (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

\_\_\_\_\_  
\_\_\_\_\_  
PE's Seal

Date Signed

Name of Engineering Firm

\_\_\_\_\_  
Name of PE Acknowledging Construction

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Engineer's Signature

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
State/Federal Funding Type (if any)

**Please return completed form to DOH regional office checked below.**

NWRO Drinking Water  
Department of Health  
20435 - 72<sup>nd</sup> Ave S., Suite 200  
Kent, WA 98032  
(253) 395-6750

SWRO Drinking Water  
Department of Health  
PO Box 47823  
Olympia, WA 98504-7823  
(360) 664-0768

ERO Drinking Water  
Department of Health  
1500 W. Fourth Ave, Suite 305  
Spokane, WA 99204  
(509) 456-3115

**The purveyor must attach a completed Water Facilities Inventory (WFI) form in accordance with WAC 246-290-120(6), if applicable. Contact the regional office in your area for WFI forms or additional Construction Completion Report forms.  
DOH 331-121 (3/00)**

