CITY OF KIRKLAND

123 FIFTH AVENUE | KIRKLAND, WASHINGTON 98033-6189 | (425) 587-3800

DEPARTMENT OF PUBLIC WORKS PRE-APPROVED PLANS POLICY

Policy W-4: DEPARTMENT OF HEALTH CONSTRUCTION COMPLETION REPORT FORM

Attached is a copy of the Department of Health's **Construction Completion Report Form for Distribution Main Projects**.

This form is to be filed by the City with new water main extensions.

An electronic copy of this form is located at:

H:\Pw\Water Comp Plan Update\Water Comprehensive Plan 2007 Update\DOH Construction Completion Report Form.doc



CONSTRUCTION COMPLETION REPORT FORM FOR DISTRIBUTION MAIN PROJECTS

In accordance with WAC 246-290-120(5), a *Construction Completion Report* is required for all construction projects. Under the submittal exception process for distribution main projects, designed by a professional engineer but not submitted to DOH for approval, the report does not need to be submitted. **However, the purveyor must keep the Construction Completion Report on file and make it available for review upon request by DOH in accordance with WAC 246-290-125 (2)(b). Furthermore:**

- (1) The report form **must** bear the seal, date and signature of a professional engineer (PE) licensed in the state of Washington; and
- (2) Per WAC 246-290-120(5)(c), the amount of change in the physical capacity of a system must be documented, if the project results in a change in physical capacity.

results in a change in physical capacity.	•	
		DOH System ID No.:
Name of Water System		
		Date Water System Plan that includes
Name of Purveyor (Owner or System Contact)	i	Standard Construction Specifications
Mailing Address		Date Standard Specifications Approved by DOH:
Maining Address		Appliored by DOII.
City State Zip		
PROJECT NAME AND DESCRIPTIV	E TITLE:	
(Include the name of any development project an	nd number of services.)	Date Project or Portions Thereof Completed
PROFESSIONAL ENGINEER'S ACK	NOWLEDGMENT	
size and type of pipe, valves and materials, and of in accordance with construction documents revie	other designed physical face ewed by the purveyor's enguality tests, and disinfection	as inspected the above-described project that, as to layout, cilities, has been constructed and is substantially completed gineer. In the opinion of the undersigned engineer, the on practices were carried out in accordance with state
I have reviewed the disinfection procedures, pres that they comply with the requirements of the co		ts of the bacteriological test(s) for this project and certify fications approved by DOH.
	Date Sig	ned
	Name of	Engineering Firm
		PE Acknowledging Construction
		Address
	City	State Zip
	Engineer	r's Signature
	C	ederal Funding Type (if any)
Please keep a completed, signed, and stamped cop.		
□ NWRO Drinking Water	SWRO Drinking Water	☐ ERO Drinking Water
Department of Health 20435 72 nd Ave. S, Ste 200	Department of Health PO Box 47823	Department of Health 1500 W. Fourth Ave, Suite 305
Kent, WA 98032-2358 (253) 395-6750	Olympia, WA 98504-782 (360) 236-3030	

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).