



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 system facility. This includes any source, water quality treatment, storage tanks, booster facilities, and distribution projects.

Please type or print legibly in ink:

Paradise Estates DOH System ID No.: 66125
 Name of Water System

Paradise Service Associates DOH Project No.: 08-0507
 Name of Purveyor (Owner or System Contact)

371 East Mason Lake Drive East Date Construction Documents
 Mailing Address Approved by DOH _____
 (if applicable)

Grapeview WA 98564
 City State Zip

Project Name and Descriptive Title:
 Check one:
 Entire Project Completed. Description of Portions Completed:

Professional Engineer's Acknowledgement

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 under signed 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 this 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



12/22/09
 Date Signed

Northwest Water Systems
 Name of Engineering Firm

Todd Krause
 Name of PE Acknowledging Construction

P.O. Box 123
 Mailing Address

Port Orchard WA 98366
 City State Zip

Engineer's Signature

State/Federal Funding Type (if any)

Please return completed form to DOH regional office checked below.

- | | | |
|---|---|---|
| <input type="checkbox"/> NWRO Drinking Water
Department of Health, K17-12
20435 72 nd Ave S, Suite 200
Kent, WA 98032
(253) 395-6750 | <input checked="" type="checkbox"/> SWRO Drinking Water
Department of Health
P.O. Box 47823
Olympia, WA 98504-0768
(360) 664-0768 | <input type="checkbox"/> ERO Drinking Water
Department of Health
1500 W. Fourth Ave. Suite 305
Spokane, WA 99204
(509) 456-2997 |
|---|---|---|

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.

NWS 12/22/09 PSA Phase II Construction Completion New Water Distribution System 2009

