

# Engineer's Certification of Public Water Improvement Project Completion

## New York State Department of Health Bureau of Water Supply Protection (NYSDOH BWSP) Application for an Approval of Completed Works

1. Public Water System Name: \_\_\_\_\_ 2. PWSID Number: \_\_\_\_\_

3. Project Location \_\_\_\_\_ (City, Town, Village) \_\_\_\_\_ County \_\_\_\_\_

4. Drinking Water State Revolving Fund (DWSRF) Project:  Yes  No If Yes, DWSRF Project Number: \_\_\_\_\_

5. Plans approved by NYSDOH BWSP:  Yes  No If Yes, NYSDOH BWSP Project Log Number: \_\_\_\_\_

Plans approved by : (check all that apply)

NYSDOH Regional Office  NYSDOH District Office  County Health Department

6. Construction Start Date: \_\_\_\_\_ 7. Substantial Construction Completion Date: \_\_\_\_\_

(Provide a copy of the notice to proceed with this application)

8. Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Pursuant to the NYS Sanitary Code Part 5, Subpart 5-1, Section 5-1.22 I hereby request that an Approval of Completed Works be issued for the above referenced project. By affixing my seal and signature to this document I certify that the construction of the referenced project including any required environmental mitigating measures was substantially completed in accordance with the approved plans and specifications or approved amendments thereto. In addition, a set of the final "As-Built" record drawings and operation and equipment manuals, have been, or will be, provided to the project owner.

10. Deviations from approved plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheets if additional space is needed)

11. Engineering Firm: \_\_\_\_\_  
(Name of Firm)

(Print Contact Person Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

Date Signed: \_\_\_\_\_

**NYS Engineers Seal and Signature**

Send completed form to:  
NYSDOH BWSP  
547 River Street, Rm 400  
Flanigan Square  
Troy, NY 12180

or E-Mail to:  
bpwsp@health.state.ny.us