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 Numbe <u>r:</u>		
5. Plans approved by NYSDOH BWSP:	Yes No If Yes, NYSI	DOH BWSP Project Log Number:
Plans approved by : (check all that apply)	NYSDOH District Office	Ith Department
6. Construction Start Date:	7. Substantial Const	truction 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:		
10. Deviations from approved plans:		
(Attach separate sheets if additional space is needed)		
11. Engineering Firm: (Name of Firm)		
(Print Contact Person Nam	e)	(Phone Number)
	Date Signed:	
NYS Engineers Seal and Signature	If the box for he NYSDOH BWSP is check	ed Yes in item 5:
	Send completed form to: NYSDOH BWSP Empire State Plaza Corning Tower, Room 1168 Albany, NY 12237	
	or E-Mail to:	
		ecked Yes in item 5, then send the completed form to the te or the County Health Department that approved the plans.