

Date Received: _____

Water Project Construction Completion Report

THIS FORM MUST BE COMPLETED IN TOTALITY; IF THIS FORM IS INCOMPLETE, C OF O ISSUANCE MAY BE AFFECTED.

In accordance with Nevada Administrative Code (NAC) 445A.66715:

[\[https://www.leg.state.nv.us/Division/Legal/LawLibrary/Nac/Nac-445A.html#NAC445A66715\]](https://www.leg.state.nv.us/Division/Legal/LawLibrary/Nac/Nac-445A.html#NAC445A66715)

Within 30 days after the completion of a water project, the supplier of water shall certify to the Division or the appropriate district board of health that the water project was completed in substantial compliance with the plans and specifications approved for the water project by the Division or the appropriate district board of health.

A Public Water System (PWS) must submit this Water Project Construction Completion Report to Washoe County Health District (WCHD) within 30 days of water project completion; this includes any source, water treatment, storage structure, pumping facility, and distribution project.

PWS #: _____ PWS Name: _____

Address: _____ APN: _____

City: _____ State: _____ Zip: _____

WP Name: _____ WP #: _____

WP Location: _____

Entire Project Completed Phased Project Phase Name: _____ Phase #: _____

PWS ACKNOWLEDGEMENT (Complete items below – check all boxes that apply)

I certify the information provided in this Water Project Construction Completion Report is complete and accurate. I verified that installation, physical testing procedures, water quality tests, disinfection practices, etc. were completed, and comply with, state regulations, *American Water Works Association* standards, and standard engineering practices.

(If completed by a Nevada registered Professional Engineer, please stamp, sign, and date in the box)

- | | |
|---|--|
| <input type="checkbox"/> Pressure test result(s); | <input type="checkbox"/> Construction changes / as-built data; |
| <input type="checkbox"/> Disinfection (per AWWA); | <input type="checkbox"/> Well data; |
| <input type="checkbox"/> Bacteriological results; | <input type="checkbox"/> Facility data; |
| <input type="checkbox"/> Water quality results; | <input type="checkbox"/> Facility schematic; |
| <input type="checkbox"/> VOC results; | <input type="checkbox"/> Chemical & application data; |
| <input type="checkbox"/> NSF certification(s); | <input type="checkbox"/> Other _____; |
| <input type="checkbox"/> Special construction data; | |
| <input type="checkbox"/> Backflow test result(s); | |

Name: _____ Company: _____

Signature: _____ Date: _____

Email: _____ Telephone: _____

WCHD use only: