

Drinking Water Services Project Final Approval Request Form

Project Name _____ PR# _____

Public Water System ID# 41- _____

PWS Name _____

YES NO DATE

1. Was the project undertaken? If so, what was the starting date? _____

2. If project was not undertaken, has the project been abandoned? _____

3. Was the project completed? If so, when? _____

If project not complete, estimated completion date: _____

4. If completed, was the work accomplished in conformance with all conditions listed in the Conditional Approval letter and DWS Construction Standards, Oregon Administrative Rule (OAR) 61-0050? **In the comments below or on a separate sheet please make clear how all conditions specified in the Conditional Approval letter were met.**

5. If the project was completed, were there any differences between what is shown on the plans and what was actually installed?

6. If the completed project is different from what is shown on the plans, were the plans modified to show as-built conditions?

7. Have as-builts been sent to Drinking Water Services? **NOTE: As-builts are not required if there were no significant changes noted in 5.**

8. Are the facilities operating? If so, starting when? _____

Signature of Engineer _____

Date _____

Name _____

OR PE# _____

Firm _____

Phone _____

Comments

Comments