

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION**

**CERTIFICATION OF COMPLETED WATER OR TREATMENT WORKS
CONSTRUCTION/INSTALLATION**

Instructions

This certification letter must be completed and signed by the Public Water System's administrative official, his or her designated representative, or certified operator and submitted to the Drinking Water Section (DWS) after construction or installation of a DWS approved water or treatment works project is completed.

Date:	DPH Project #:
Public Water System Name:	
PWSID #: CT	Town:
Town(s) Where Project is Located:	
Expected Date Project is to be Placed into Active Service:	
Project Name or Very Brief Project Description: _____ _____	
I hereby certify,	
1.) This project was constructed/installed in accordance with the Department's Approval for Construction or Installation of Water and Treatment Works.	
2.) Water quality test results for samples collected to determine that no contamination is present in the water upon completion of the project, and prior to placing the project into active use, were in compliance with the Regulations of Connecticut State Agencies Section 19-13-B102(e).	
3.) If required, a completed Operator Verification Form has been submitted with this certification.	
_____ Signature of PWS Administrative Official, His/Her Designated Representative, or Certified Operator	
Print Name: _____	
Title: _____	
Date Signed: _____ Telephone #: _____	