

**CERTIFICATION TO
THE ONONDAGA COUNTY HEALTH DEPARTMENT
OF
COMPLETION OF A WATER SUPPLY IMPROVEMENT**

District: _____ Extension No. _____ Contract No. _____

Project Title: _____

City or Town: _____ Serving: _____

Date of Permit: _____ Est. Cost: _____

Construction Period: Start: _____ Completion: _____

Initial Flushing Date: _____ Time: _____

Pressure Test Start Date: _____ Time: _____

Finish Date: _____ Time: _____

Pressure: Max: _____ psi Min.: _____ psi

Water added during test: _____ gph Allowable leakage: _____ gph

Disinfection Method (Check one) Continuous Feed Slug Tablet Swab

Date Time

Start: _____, Residual: _____ mg/L (ppm)

End: _____, Residual: _____ mg/L (ppm)

Duration of Disinfection: _____ hours

Final Flushing Date: _____ Time: _____ Residual: _____ mg/L (ppm)

Bacteriological Samples Name of Approved Laboratory: _____
Results (See Attached)

Sampling Point #1: _____

First Sample: Date: _____ Time: _____ Residual: _____ mg/L (ppm)

Consecutive Sample: Date: _____ Time: _____ Residual: _____ mg/L (ppm)

Sampling Point #2: _____

First Sample: Date: _____ Time: _____ Residual: _____ mg/L (ppm)

Consecutive Sample: Date: _____ Time: _____ Residual: _____ mg/L (ppm)

I, _____, certify that the above water supply improvement was completed in conformance with the approved plans. The information entered above was the result of actual tests conducted under my general supervision.

P.E.

P.E. License No.: _____ State: _____

Date: _____

Mail to:
Onondaga County Health Department
Division of Environmental Health, 12th Floor
421 Montgomery Street
Syracuse, New York 13202

Original Ink Seal and Signature Required