

CERTIFICATION TO
CAYUGA COUNTY HEALTH DEPARTMENT
COMPLETION OF A WATER SUPPLY IMPROVEMENT

Applicant: _____ Water District of Area Served: _____
Town, City, or Village _____ Design Engineer: _____

Project Description: _____
Date of Plan Approval: _____ Date of Start of Construction: _____

FLUSHING

Date of Completion of Construction: _____ Date of Flushing: _____

PRESSURE/LEAKAGE TEST

Start Date/Time/ Pressure _____/_____/_____
Finish Date/Time/Pressure _____/_____/_____
Actual Leakage _____ gals Allowable leakage _____ gals

DISINFECTION

Start Date/Time/Residual _____/_____/_____
Finish Date/Time/Residual _____/_____/_____

Final Flushing Date/Time/Residual _____/_____/_____

BACTERIOLOGICAL TESTS

Laboratory Results are attached

CERTIFICATION

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

P.E
(Signature)

(Date)