

**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