

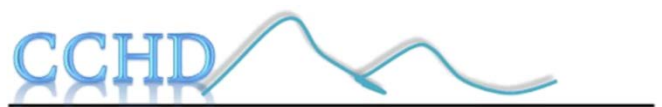
**Project Details**

<b>Project Name</b>		<b>CCHD Project/Permit Number</b>
<b>Owner</b>		
<b>Address</b>		<b>City/Town/Village</b>
<b>Project Type</b> (check box)	Water System	Individual Sewage Treatment System
	Pool	Other _____
<b>Construction Start Date</b>	<b>Construction Completion Date</b>	<b>Inspection Date</b>
<b>Project Description</b>		
<b>Deviation(s) from Approved Plans</b>		
<p>(Attach separate sheets if additional space is needed.)</p> <p>By affixing my seal and signature to this document, I certify that the referenced project, including any required environmental mitigating measures, was substantially completed in accordance with the approved plans and specifications or approved amendments thereto. In addition, a set of the final "As-Built" record drawings and operation and equipment manuals, have been, or will be, provided to the project owner.</p>		
<b>Engineering Firm</b>		<b>Contact Person Name (Please Print)</b>
<b>Phone Number</b>	<b>Email</b>	<b>Date Signed</b>

NYS Engineers Seal & Signature

Send or Email Completed Form to:

Clinton County Health Department  
133 Margaret Street  
Plattsburgh, NY 12901  
[Ryan.Davies@clintoncountygov.com](mailto:Ryan.Davies@clintoncountygov.com)



Clinton County **HEALTH** Department [www.ClintonHealth.org](http://www.ClintonHealth.org)

