

**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><br>(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  
[Quinn.Rufa@clintoncountyny.gov](mailto:Quinn.Rufa@clintoncountyny.gov)



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

