



**Certification of Completion of Construction  
for an Extension to Emerald Coast Utilities Authority's  
Drinking Water Distribution System**

**Instructions: This form is to be completed and submitted to the ECUA Engineering Department along with one (1) set of record drawings, and other supporting documentation required below, PRIOR TO PLACING THE SYSTEM INTO OPERATION. A distribution system extension should not be placed into service without prior written ECUA approval. All applicable blanks must be filled in.**

**I. Project Information**

ECUA Submittal No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date of connection to ECUA system: \_\_\_\_\_

Owner/Developer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Required Attachments for ECUA Acceptance of Ownership and O&M of System:**

- Bacteriological Test Results
- Letter from Engineer of Record for corrected punch list items
- Two (2) sets of as-built plans completed by Engineer of Record and one (1) set on diskette in AutoCAD format, if available
- Form SD-3 – Certification of Developer Form, with an itemized Statement of Improvement values or cost, if applicable
- Recorded plat and/or any applicable easement forms (executed and recorded by the Owner/Developer)

Substantial deviations from the approved plans and specifications:

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Drinking Water Distribution System Extension**

**II. Statement by Professional Engineer:**

I certify that the project has been completed substantially in accordance with the approved plans and specifications, or the deviations will not prevent the system from functioning in compliance with the requirements of Chapters 62-555 and 62-550, F.A.C., and/or the ECUA Engineering Manual. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision, for the purpose of determining if the work proceeded in compliance with plans and specifications and application materials. I further certify that record drawings for the facilities have been reviewed by me, or by an individual(s) under my direct supervision, for completeness and adequacy, and have been proved to the permittee. I also certify that the new or altered water mains in this project have been disinfected and bacteriologically tested\* in accordance with Chapters 62-555, F.A.C. and applicable AWWA disinfection standards. I further certify that the record drawings identify those substantial deviations noted above.

_____ Signature Sealed with Embossed Seal	
_____ Printed Name	_____ Florida Registration Number
_____ Company Name (Print or Type)	
_____ Company Address (Print or Type)	
_____ Telephone Number	_____ Date
_____ Facsimile Number	_____ Date

*\*For all new and altered public drinking water facilities, bacteriological sampling shall be conducted by first reducing the total chlorine residual in the water within the facilities to no more than 4 mg/L and then collecting daily bacteriological samples (taken at least 24 hours apart) for two or more consecutive work-days until satisfactory test results are obtained. Bacteriological test results shall be considered satisfactory if two consecutive daily samples from each sample location show the absence of total coliform organisms. Bacteriological test results will be considered invalid if the results are for samples collected more than 30 days before the results are received ECUA, and if the pressure in the mains is not maintained at 20 psi or greater after the samples are collected.*

**III. Approval by ECUA:**

Drinking Water Zone: \_\_\_\_\_ North; \_\_\_\_\_ South; \_\_\_\_\_ Pensacola Beach; \_\_\_\_\_ Other

The release of these facilities for operation is hereby approved in accordance with ECUA's Memorandum of Agreement with the Florida Department of Environmental Protection for the ECUA to independently regulate the construction of water distribution and sewage collection and transmission mains and pump stations appurtenant to such force mains.

_____ Signature	
_____ Printed Name	
_____ Title	_____ Date