

**Suffolk County Department of Health Services
Office of Wastewater Management
360 Yaphank Avenue, Suite 2C, Yaphank, New York 11980
(631) 852-5700 OR HealthWWM@suffolkcountyny.gov**

CERTIFICATION OF CONSTRUCTED WORKS BY DESIGN PROFESSIONAL

Health Department Reference Number: _____

Suffolk Tax Map # : Dist: _____ Sect(s) _____ Blk(s) _____ Lot(s) _____

Project Name: _____

Applicants Name: _____

ITEMS BEING CERTIFIED (Check all that apply)

- Sewer Lines and Sewage Collection System Components
- Retaining Walls (approved as part of the sewage disposal system)
- Sewage Pump Station / Valve Chamber
- Subsurface Sewage Disposal System
- Sewage Treatment Plant
- Water Supply System
- Abandonment of Preexisting Sewage Disposal System and /or Water Supply
- Other _____

As the Licensed Professional Engineer or Architect I, or qualified personnel under my direct supervision, have inspected the work specified above in accordance with the New York State Education Law, and (check one)

- I hereby certify that all material and work conforms to approved plans and permit conditions, and with guidelines issued pursuant to the Suffolk County Sanitary Code. (Attach any inspection or test reports required by the Department.)
- I hereby certify that all material and work conforms to approved plans and permit conditions, and with guidelines issued pursuant to the Suffolk County Sanitary Code, except as described in my attached addendum. (Also attach any inspection or test reports required by the Department.)

Engineer's / Architect's signature: _____

Print Name _____ Date: _____

License Number: _____

Affix seal

This certification shall not be used in lieu of inspections required by personnel of the Department.

PHOTOCOPIES OF DOCUMENTS WILL NOT BE ACCEPTED