

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY
Mail Code 401-03D, PO Box 420
TRENTON, N.J. 08625-0420
TREATMENT WORKS APPROVAL PROGRAM

CERTIFICATION OF COMPLETION

Within 30 days after the construction of the treatment works has been completed, the permittee shall submit an executed copy of this form to the Division of Water Quality at the above noted address and the appropriate receiving wastewater treatment plant.

Treatment Works Approval Permit No.: _____

Name of Permittee: _____

Location of Activity: _____
(Municipality and County)

I hereby certify the treatment works identified above has been inspected and tested under the supervision of a professional engineer licensed in the State of New Jersey.

To the best of my knowledge, the project was constructed in substantial conformance with the approved plans and specifications. Any minor exceptions to the approved plans and/or specifications are attached hereto.

Signature of Permittee

Name and Date
(Print or Type)

Name of Wastewater Treatment Plant
(Print or Type)