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State of Connecticut
Department of Public Health

Certificate of Compliance
DWSRF Small Systems
Emergency Power Generator Program

To: Cameron Walden, Supervising Sanitary Engineer
State of Connecticut
Drinking Water Section

Date Submitted: _____

Address: Department of Public Health
410 Capitol Avenue, MS#51WAT
P.O. Box 340308
Hartford, CT 06134-0308

PWS Name: _____ **PWS ID:** _____ **Town:** _____

Project No.: _____

Project Name: _____
(Location)

Design and Installation

THIS IS TO CERTIFY THAT, to the best of my knowledge, information, and belief, the above-described project has been designed and installed in compliance with all local, state and federal requirements including, but not limited to, the State of Connecticut Building Code and all other applicable codes as required by Chapter 541, General Statutes of Connecticut.

Administrative Official Or
Designated Representative: _____ _____ _____
Printed Name Signature Date

Contractor: _____ _____ _____
Printed Name Signature Date

Contractor Registration
and License Numbers: _____