**NOTICE OF COMPLETION OF CONSTRUCTION**

**FOR STATE CONSTRUCTION PERMITS**

|  |  |
| --- | --- |
| **Permit Number:** | **AR00     C** |

1. **PERMITTEE INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permittee Legal Name : |  | | |  | Permittee Type: | | | |
| Permittee Mailing Address: |  | | |  | STATE | | PARTNERSHIP | |
| City: |  | | |  | FEDERAL | | CORPORATION\* | |
| State: |  | Zip: |  |  | SOLE PROPRIETORSHIP | | | |
| Permittee Telephone Number: |  | | |  | \*State of Incorporation: | | |  |
| Permittee Fax Number: |  | | |  | E-mail: |  | | |

1. **FACILITY SITE INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Facility Name: |  |  | Facility Contact Person: |  | | |
| Facility County: |  |  | Facility Physical Address: |  | | |
| Telephone Number: |  |  | Facility City: |  | Zip: |  |

When was construction completed? Date:

Was construction completed in accordance with the approved plans and specifications? No Yes

If not, what changes were made? Attach page(s) if necessary.

1. **RESPONSIBLE OFFICIAL AND PROFESSIONAL ENGINEER CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

**NOTE: The responsible official and the professional engineer must both sign this form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Responsible Official Name: |  |  | Title: |  |
| Responsible Official Signature: |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Engineer Name: |  |  | Title: |  |
| Professional Engineer Signature: |  |  | Date: |  |

**Stamp of Professional Engineer**

**NOTE:** This form can be submitted via mail, fax,ePortal, or electronic mail to [Water-Permit-Application@adeq.state.ar.us](mailto:Water-Permit-Application@adeq.state.ar.us).