



Duckett Creek Sanitary District

3550 Highway K • O'Fallon, Missouri 63368-8384

Ph: (636) 441-1244
Customer Service Fax: (636-498-8100
Engineering Fax: (636) 498-8150

Application for Construction Project Closeout (Sanitary Sewer Extension – Form 107)

1. Name of Project _____
2. Location of Project _____
3. Constructed Under Construction Permit No. _____
4. Owner Name _____ Phone _____
Address _____
5. Operating Name _____ Phone _____
Authority Address _____
6. Brief Description _____

7. Certification:

I, the project engineer on the above described wastewater facilities, hereby certify that I have reviewed these wastewater facilities and find them to be designed in accordance with the approved plans and specifications and recommend their acceptance by Duckett Creek Sanitary District.

(Project Engineer's Signature)

(Date)

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief, such information is true, complete and accurate, and if granted this application, I agree to abide by all rules, regulations, orders, and decisions of Duckett Creek Sanitary District.

Applicant's Signature (Owner or legally
authorized representative)

(Date)

Note: A filing fee is NOT required with the submission of this application.