

**WATER SYSTEM ACQUISITION AND REHABILITATION GRANT
QUARTERLY REPORT**

Month/Year: _____ - _____

Client Name:

Contract Number :

Project Title

Contact Person _____ Email _____ Phone _____

Water System Plan requirements

Water System Plan/Amendment **must** be approved 12 months after this date: «ExecutionDate»

1. Is the Small Water System Management Plan or Water System Plan/amendment to include this project, submitted to Washington Department of Health?
2. Estimated date of Health approval __/__/__

Project Scope of Work Timelines

Deadline for Contract project completion and closeout: «CloseDate»

Please contact your Client Service Representative as soon as possible if the above Contract project completion date cannot be met.

Project Activity Status THIS QUARTER:

	Activity Started: (Yes or No)	Activity Completed: (Yes or No)
Cultural/Historical Review		
Planning		
Design/Engineering		
Right of Way		
System Acquisition		
Environmental Review		
Permits Obtained		
Bid Docs Prepared		
Construction Contract Awarded		
Construction Started		
Project In Use		

Please estimate the overall **CONSTRUCTION** project progress to date (check one):

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Comments/Changes

1. Please describe the project progress over the last three months:
2. Describe (if any) issues or difficulties encountered over the last three months:

a) Does the Contract project scope of work need to be revised (check here):

3. Project is complete, please send closeout report (check here):

Please submit Quarterly Report by

Quarterly reports can be completed online: http://www.pwb.wa.gov/qrt_WSARP.asp

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