

COMPLETION STATEMENT

Commonwealth of Virginia
Virginia Department of Health

_____ Health Department

Health Department ID #: _____

Name of Contractor / Engineer: _____
(company, corporation, individual)

Address: _____

Phone #: _____

Owner's Name: _____

Owner's Address: _____

Location of Installation: Lot _____ Block _____ Section _____

Subdivision: _____

Other: _____

I hereby certify that the discharging sewage treatment system has been installed and constructed in accordance with the construction permit issued on _____ and the approved plans and specifications, if any, upon which that permit issuance was based, and is in compliance with Part III of the Alternative Discharging Sewage Treatment System Regulations for Individual Single Family Dwellings and, further, that the system complies with all applicable state and local regulations, ordinances and laws.

Signature

Date

Title _____

Contractor's /PE's License # _____