

Completion Statement

**Commonwealth of Virginia
State Department of Health**

Health Department

Identification Number: _____

_____ Health Department

Name of Company/Corporation/Individual: _____

Address: _____ Telephone: _____

Property Owner's Name: _____

Property Owner's Address: _____

Location of Installation: Subdivision: _____ Section: _____ Block: _____ Lot: _____

Property Address: _____

I herby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) _____ and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Date

Signature and License Number