

Tier 4 Rainwater Harvesting System Designer Inspection & Completion Statement

Commonwealth of Virginia
Department of Health

Health Department Identification Number _____ Tax Map: _____

Name of Designer: _____ ASSE 21120: _____

Address: _____ Telephone: _____

Contractor Name: _____

Owner's Name: _____

Owner's Address: _____

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

Other: _____

Inspection Results

Component	Comments, Materials, Deficiencies Observed, Date Deficiencies Observed, Corrective Action Required	Date Approved
Roof and Gutters		
First Flush Diverter		
Cistern		
Backflow Prevention		
Water Treatment/Filtration		
Water Treatment/Disinfection		
(Other Components)		
Water Quality Test Results		

Attach observed deficiencies and corrective actions taken on a separate sheet as necessary

	Operation and Management Plan attached
	As-Built Drawing attached
	Laboratory Certificate(s) of Analysis attached

I hereby certify that on _____ (date), I, or an employee under my direct supervision, inspected this rainwater harvesting system. The rainwater harvesting system has been installed and completed in accordance with the construction permit issued on _____ (date) and complies with applicable requirements of the Rainwater Harvesting System Regulations (12VAC5-635). Revisions, if any, were made in accordance with the provisions of 12VAC5-635-130.

Designer Signature: _____ Date: _____

Print Name: _____