

Tier 4 Rainwater Harvesting System Installer Completion Statement

Commonwealth of Virginia
Department of Health

_____ Health Department

		Health Department ID No.			Tax Map:					
Name of Company/Corporation/Individual						ASSE 21120 No.:				
Address:						Telephone:				
Property Owner's Name:										
Property Owner's Address:										
Location of Installation:		Subdivision:			Section:		Block:		Lot:	
Installation Address:										

I hereby certify that the rainwater harvesting system has been installed, altered, or rehabilitated in accordance with the construction permit Issued _____ (date) and is in compliance with the Part III (12VAC5-635-200 et seq) of the Rainwater Harvesting System Regulations, with the plans and specifications for the project, and that the system complies with applicable state and local regulations, ordinances, and laws.

Date: _____ Name of Installer: _____ ASSE 21110 No. _____

Signature: _____