

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: _____
_____ Health Department

Name of Company/Corporation/Individual: _____

Address: _____ Telephone: _____

Owner's Name: _____

Owner's Address: _____

Location of Installation: Lot: _____ Block: _____

Section: _____ Subdivision: _____

Other: _____

I hereby 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 D of the Sewage Handling and Disposal Regulations and when appropriate the plans and
specifications for the project.

Date

Signature and Title