

**COMPLETION STATEMENT**

Commonwealth of Virginia  
Virginia Department of Health

\_\_\_\_\_ Health Department

Health Department ID #: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_  
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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 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 # \_\_\_\_\_