OSE/PE Report For:

☐ Construction Permit ☐ Repair Permit ☐ Voluntary Upgrade Permit ☐ Certification Letter ☐ Subdivision Approval

Property Location:

911 Address: _____ City: _____

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # _____ Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: _____

Street: _____

City: _____ State _____Zip Code _____

Prepared by:

OSE Name _____ License # _____

Address _____

City _____ State _____ Zip Code

_____

PE Name _____License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report _____ Date of Revision #1 _____

OSE/PE Job # _____ Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

_____ _____

_____ _____

_____ _____

_____ _____

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the* Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630)*, the* Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein. The potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant.

☐ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend that a (select one): construction permit ☐ certification letter ☐ subdivision approval ☐ be (select one) Issued ☐ repair permit ☐ voluntary upgrade ☐ Denied ☐

OSE/PE Signature _____ Date _____