

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: _____ Tax Map: _____

_____ Health Department

Name of OSE/PE: _____ License Number: _____

Address: _____ Telephone: _____

Contractors Name _____

Owner's Name: _____

Owner's Address: _____

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

Other: _____

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction		
Building Sewer		
Septic Tank		
Inlet-Outlet Structure		
Pump and Pump Station		
Conveyance Method		
Distribution Box or Pressure Manifold		
Header, Conveyance, Return, etc. Lines		
Percolation Lines, Drip, Chambers, etc.		
Absorption Trenches and Dispersal Field		
(Other Components: treatment unit, etc.)		

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: _____ Tax Map: _____

Triangulate critical system components to fixed reference points.

Check here if as-built drawing is on a separate page attached to this form
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on _____ (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on _____ (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: _____ Date: _____

Print Name: _____