

**VERIFICATION OF SEWAGE SYSTEM LOCATION**  
**TO BE SIGNED BY THE OWNER**

Owner's Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Owner's Telephone Number \_\_\_\_\_  
Property Location \_\_\_\_\_  
Health Department Identification Number \_\_\_\_\_

**I hereby affirm that I am the owner of the property identified above. I have verified that the onsite sewage system identified above has been installed in the proper location, as permitted by the Virginia Department of Health on the property identified above. I understand that in all cases it is my responsibility to ensure that the onsite sewage system is properly located.**

Owner's Signature \_\_\_\_\_  
Date \_\_\_\_\_