



Notice of Onsite Sewage Disposal Limitations County of Clarke

Note: Please complete form with all known information. Apply N/A if not known. Only one owner is required to sign.

Owner(s): _____

Property Description: _____

Tax Parcel No.: _____

Dwelling 911 Address: _____

The onsite sewage disposal system permit issued by Virginia Department of Health for the above-referenced dwelling on the above-referenced property limits the structure to:

_____ (_____) gallons/day
_____ (_____) maximum occupants
_____ (_____) bedrooms
Write out number (number)

A copy of the permit is attached. Check appropriate box.

Permit is complete* _____ Owner(s): _____
 Permit is incomplete* _____
 Operations Permit _____

* See Definitions of Complete or Incomplete Form _____

STATE OF VIRGINIA AT LARGE

City / County of _____ To-wit:

The foregoing instrument was acknowledged before me this _____ day of

_____, 20 _____, by _____

My Commission Expires: _____ Notary Registration No.: _____

NOTARY PUBLIC

NOTE: ATTACH A COPY OF VDH PERMIT