



Notice of Acknowledgement - Well and Septic County of Clarke

Owner Name(s): _____
Please print

Tax Parcel No.: _____

Please complete all applicable sections by checking box for compliance:

Clarke County Well Affidavit: Pursuant to section 184-14, Disinfection and Testing, of the Clarke County Well Ordinance, the undersigned is requesting approval for operation of a private well located on this parcel having fully complied with the provisions of the Clarke County Well Ordinance, and water sampling procedures as defined by the Clarke County Health Department for the well which approval for operation is requested.

Indemnity Agreement for AOSS: Pursuant to section 143-2(D), Inspection and Approval, of the Clarke County Septic Ordinance, the undersigned hereby indemnifies and holds harmless the County of Clarke, Virginia and property owners in this County from any and all damages, liabilities, and/or claims resulting from any malfunction or failure of the alternative onsite sewage system installed on the parcel identified above.

Education Review for OSS: Pursuant to section 143-1.1, Education Requirement, of the Clarke County Septic Ordinance, the undersigned acknowledges that the educational material titled "Onsite Sewage Disposal System Information", which describes a basic understanding of operation and maintenance of onsite sewage systems, has been provided and reviewed.

Owner Signature[s]: _____

STATE OF VIRGINIA AT LARGE

City / County of _____ To-wit:
The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____
Applicant[s] Name[s]

My Commission Expires: _____ Notary Registration No.: _____

NOTARY PUBLIC