**Sewerage System - Letter of Certification Received**

This is to confirm that a Letter of Certification was received and accepted by the Health Authority for the following on-site sewerage disposal system:

|  |  |
| --- | --- |
| **Facility Name:** | {{BLAccountName}} |
| **Facility #:** | {{BLAccountNumber}} |
| **Facility Category:** | {{AccountCategoryL1}}  {{AccountCategoryL2}}  {{AccountCategoryL3}} |
| **Address:** | {{BLAccountPhysicalAddress}} |
| **Legal Description of Property:** | {{BLAccountLegalLandDescription}} |
| **Tax Roll Number:** | {{BLAccountTaxRollNumber}} |
| **Authorized Person:** | {{BLAApplicantName}} |
| **Date of Acceptance:** | {{BLPeriodStart}} |

Please retain this confirmation for your records and provide a copy to the appropriate parties.

|  |  |
| --- | --- |
| **Health Authority:** | {{BLAccountHealthAuthority}} |