APPLICATION FOR AND CERTIFICATE OF SANITARY SEWAGE LATERAL COMPLIANCE

(Name of Sewer Service Provider) **CAMBRIA COUNTY** Date 1. Property Owner Name: Mailing Address Home Phone Mobile Email Address 2. Service Address (if different): Commercial 3. Current Building Use: Residential Multi-Family Industrial Institutional Public Blended Use Other 4. Rental Property No If yes, # of dwelling units Yes 5. Reason for Test Sewer Replaced **New Construction Property Transfer** Repair/Alteration 6. Lateral Tested Under-ground Under slab Both Notes PROPERTY OWNER CERTIFICATION Property Owner hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in their sanity sewage connection. Statements made herein are true and correct to the best of my knowledge, information and belief, I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsifications to authorities. Signatures of Property Owners Date There is a \$ 75.00 fee for each inspection. The \$75.00 fee shall be paid at the time of the inspection. Checks shall be made payable to STONYCREEK TOWNSHIP Fee Paid via Check Number

CONTRACTOR CERTIFICATION

Contractor hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in the sanitary sewage lateral installed at the above referenced service address.

Statements made herein are true and correct to the best of my knowledge, information and belief. I further acknowledge and understand that statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsifications to authorities.

I have conducted testing on the p	roperty listed ab	ove on		
			Date	
Pressure Testing (IPC p 312)	of sewer lateral	(result):	Pass	Fail
All identified problems have been of	corrected as of		Dete	
			Date	
Sewer Lateral installed and tested	by:	Contractor	Homeo	wner
Contractor/Homeowner Name:				
-		Signature		Date
PA License No:	Mur	nicipal Contractor	s License No: _	
MUNICIPA	AL REPRESEN	TATIVE CERTIF	CATION	
Municipal Representative hereby CEF other uncorrected defects in the sanital			•	•
Statements made herein are true and acknowledge and understand that star Section 4904, relating to unsworn fals	tements herein ar	e made subject to		
I have witnessed testing on the pr	roperty listed ab	ove on		
			Date	
Pressure Testing (IPC β	312) of sewer la	ateral (result):	Pass	Fail
All identified problems have been of	corrected as of		Dete	
			Date	
Sewer Lateral installed and tested	by:	Contractor	Homeo	wner
Municipal Representative Name:				
-		Signature		Date
		- J		

Sanitary Sewer Lateral Connection Checklist and Testing Data Sheet SKETCH OF BUILDING SEWER TO MAIN

(Triangulate to Viewport and Other Critical Features)

Depth of Lateral at Bldg Lateral Pipe Material Pipe Bedding Type	Depth of Lateral at VP Lateral Pipe Diameter Viewport Cover
Intermediate Clean-Outs	Trap
Is property within the 100-YR floodplain?	Basement Service Provided?
SYS	TEM INTEGRITY TEST #1
Date of Test Time On Released Air (Duration)	Time Off
	TEM INTEGRITY TEST #2
Date of Test Time On Released Air (Duration)	Time Off

EXPOSED EXTERIOR VISUAL PIPING INSPECTION Downspouts to Daylight: ______ Comments: ______ EXPOSED INTERIOR VISUAL PIPING INSPECTION Interior Clean-Out Test Point: _____ Comments: ______ FOUNDATION DRAINAGE Sump Pump Present ______ Gravity Foundation Drains Present ______ Discharge Point (describe location) ______ COMMENT AND CONTACT SHEET Property Owner Service Address ______ Phone Number

Comments: