

**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): _____

3. Current Building Use: _____ Residential _____ Multi-Family _____ Commercial
 _____ Industrial _____ Institutional _____ Public
 _____ Blended Use _____ Other _____

4. Rental Property _____ No _____ Yes If yes, # of dwelling units _____

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 _____

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 _____
 Intermediate Clean-Outs _____

Depth of Lateral at VP _____
 Lateral Pipe Diameter _____
 Viewport Cover _____
 Trap _____

Is property within the 100-YR floodplain? _____

Basement Service Provided? _____

SYSTEM INTEGRITY TEST #1

Date of Test _____
 Time On _____
 Released Air (Duration) _____

Pressure at Test Ball _____
 Time Off _____

SYSTEM INTEGRITY TEST #2

Date of Test _____
 Time On _____
 Released Air (Duration) _____

Pressure at Test Ball _____
 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: