



CAMBRIA COUNTY SEWAGE ENFORCEMENT AGENCY

401 Candlelight Drive, Suite 220 Ebensburg PA 15931

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www.co.cambria.pa.us/ccsea

CCSEA

SEWAGE COMPLAINT FORM

All of the following information is to be provided before an investigation can be initiated. To the best of your knowledge, please thoroughly complete all of the sections. Such information may be needed for legal proceedings.

Your NAME: _____

Address: _____

Phone Number (day-time): _____

NATURE OF COMPLAINT – Provide a full description of problem:

NAME(s) of person(s) against whom you are lodging the COMPLAINT:

Occupant Name : _____

Address: _____

Phone Number: _____

Municipality : _____

Is the person(s) against whom the complaint is lodged the owner of the property? Yes _____ No _____

If No, please provide property owner information, if known:

Property Owner Name: _____

Address: _____

Phone Number: _____

Please use other side of this form to provide detailed directions to locate the property. A site sketch displaying the complaint issue would also be helpful.

Please be advised that as part of the investigation, it may be necessary to inspect and/or dye test your sewage system, as well as other neighboring properties.

Submitted By: _____ Date: _____

Forwarded By: _____ Date: _____
(Municipal Official)

Municipal Authorization for CCSEA investigation: Yes _____ No _____