

APPLICATION for
CERTIFICATE OF SEWAGE COMPLIANCE
CONEMAUGH TOWNSHIP, SOMERSET COUNTY
Submit to: Conemaugh Township Sewer Department 288-1400 ext 3

1. Name of Applicant (Seller): _____

Applicant's Address: _____

(Telephone #)

(Fax #)

(Email Address)

2. Location of Property being Sold: _____
(911 Address)

3. Current use of building: _____

Applicant hereby represents that he/she is aware of no unlawful connections or any other uncorrected defects in their sanitary sewage connection.

Applicant states, he/she will have the required testing performed by the following Licensed or approved Plumber in the presence of a municipal representative:

(List name address and telephone of Licensed Plumber, if applicable)

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.

Date: _____

Signature of Applicant (must be signed by property owner)

Inspection Fee \$25.00 / per visit (check payable to Conemaugh Township Sewer Department must accompany application)

CONTRACTOR CERTIFICATION (attach additional page if necessary)

1) I have conducted the following testing on the property listed above on _____, 200__:

L Dye testing of sewer lateral (result): _____

L Pressure testing (IPC § 312) of sewer lateral (result): _____

L Televising of lines (location & result): _____

Note: televising is only required where there is reason to believe testing is not providing an accurate indication of lack or presence of unlawful connections or system defects.

2) I have found the following problems requiring correction:

L None

L Lacking inspection port (to be corrected)

L Other, explain _____

All identified problems have been corrected as of _____, 200__, or,

The cost of fixing any unresolved unlawful connections or defects as of this date is estimated at:

\$ _____

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.

Date: _____

(Must be latest date on form)

Signature of Licensed Plumber (or approved contractor)

Print name: _____

Testing witnessed and approved by municipal representative: _____ (seal)

Date: _____ Print Name: _____

(A copy of this form shall be provided to Purchaser by Seller, if items have not been corrected, escrow of funds must be demonstrated)