

APPLICATION FOR
AND
CERTIFICATE OF
SANITARY SEWAGE LATERAL COMPLIANCE
FOR THE
SOUTHMONT BOROUGH
CAMBRIA COUNTY

Date _____

1. Property Owner Name: _____

Mailing Address: _____

Telephone # (home) Fax#/or Mobile# Email Address

2. Service Address (if different): _____

3. Current use of Building: (Circle One) Single Family Residential Multi-Family Residential Commercial Industrial
 Institutional Public Blended Use Other

4. Rental Property: (Circle One) YES NO If Yes, Number of Dwelling Units _____

5. Reason for Test: (Circle One) Mainline Sewer Replaced New Connection Property Transfer Repair/Alteration

6. Lateral Tested: (Circle One) All Under-ground/Under-Slab Other (Explain) _____

PROPERTY OWNER CERTIFICATION

Property Owner hereby CERTIFIES that he/she is not aware of any unlawful connections or any other uncorrected defects in their sanitary 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 Signed**

THERE IS A \$ 25.00 FEE FOR EACH INSPECTION. THE \$ 25.00 FEE SHALL BE PAID TO AT THE TIME OF THE INSPECTION. MAKE CHECKS PAYABLE TO Southmont Borough

Fee Paid via Check Number _____ Name on Check _____

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 property listed above on _____, 20____

Pressure Testing (IPC § 312) of sewer lateral (result): PASS FAIL

All identified problems have been corrected as of _____, 20____

Sewer Lateral Installed and tested by: (circle one) Contractor Property Owner

Signature of Contractor / Property Owner: _____ Date: _____

Printed Name of Contractor/ Property Owner: _____

PA. License No.: _____ Municipal Contractors License No.: _____

MUNICIPAL REPRESENTATIVE CERTIFICATION

Municipal Representative 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 witnessed testing on the property listed above on _____, 20____

Pressure Testing (IPC § 312) of sewer lateral (result): PASS FAIL

All identified problems have been corrected as of _____, 20____

Sewer Lateral Installed and tested by: Contractor Property Owner

Signature of Municipal Representative: _____ Date: _____

Printed Name of Municipal Representative: _____

Sanitary Sewer Lateral Connection Checklist and Testing Data Sheet

SKETCH OF BUILDING SEWER TO MAIN



Depth of Lateral at Building _____ (ft-inches) Depth of Lateral at Viewport _____ (ft-inches)

Lateral Pipe Material _____ Lateral Pipe Diameter _____ (inches)

Pipe Bedding Type _____ Viewport Cover _____

Intermediate Clean-outs _____ Trap _____

Is property within the 100 year floodplain? YES NO UNKNOWN Basement service provided? YES NO

SYSTEM INTERGRITY TEST #1 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

SYSTEM INTERGRITY TEST #2 Date of Test _____ Pressure at Test Ball _____

Time On: _____ Time Off: _____ Release Air (Duration): _____

EXPOSED EXTERIOR VISUAL PIPING INSPECTION

Downspouts to Daylight: YES NO Comments _____

EXPOSED INTERIOR VISUAL PIPING INSPECTION

Interior Clean-out or Test Point: YES NO Comments _____

FOUNDATION DRAINAGE

Sump Pump Present: YES NO UNKNOWN

Gravity Foundation Drains Present: YES NO UNKNOWN

Discharge Point (Describe Location): _____

Comment and Contact sheet

Property Owner: _____

Service Address: _____

Phone Number: _____

COMMENTS: _____

FOR INTERNAL USE ONLY

Service Provider Account # _____ DBV _____ Page _____

JRS Conveyance and Treatment Account # _____

Water Provider Name _____ Water Provider Account # _____

Coordinates to Center of Property or Front Door (Circle One) _____ Lat. _____ Long. _____