

**APPLICATION
for
CERTIFICATE OF SEWAGE COMPLIANCE
CONEMAUGH TOWNSHIP, SOMERSET COUNTY**
Submit to: Conemaugh Township Sewer Department, phone 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 nor 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 \$75.00 / per visit (check payable to Conemaugh Township must accompany Application)

CONTRACTOR CERTIFICATION (attach additional page if necessary)

1) I have conducted the following testing on the property listed above on _____, 20____,

dye testing of sewer lateral (result): _____

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

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:

none

lacking inspection port (to be corrected)

other, explain _____

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

Revised 8/2017