

**SANITARY SEWER CONNECTION
DALE BOROUGH, CAMBRIA COUNTY**

The Owner portion of this form (highlighted in yellow) has to be completed and the form returned with payment to the Dale Borough Business Office before the pressure test is scheduled. Thank you.

1. Name of Property Owner: _____

Property Owner's Address: _____

Telephone #: _____ Email Address: _____

2. Location of Property (911 Address): _____

3. Current use of Building: _____

Property Owner hereby represents that he/she is aware of no unlawful connections nor any other uncorrected defects in their sanitary sewer connection. Property Owner states, he/she will have the required testing performed by the following Contractor in the presence of a Borough Representative.

(List name address and telephone of Contractor, if applicable)

Date: _____

mm/dd/yy

Signature of Property Owner (must be signed by property owner)

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 falsification to authorities.

CONTRACTOR CERTIFICATION AND BOROUGH REPRESENTATIVE APPROVAL

1) I have conducted the following testing on the property listed above on _____, _____ 20_____,
Month Day Year

Air or Water Pressure Testing (IPC § 312) of sewer (result): _____

Televising of sewer (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

Corrections required, explain _____

All identified problems have been corrected as of: _____, _____ 20_____,
Month Day Year

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 falsification to authorities.

Date: _____

mm/dd/yy (must be latest date on form)

Signature of Contractor

Printed Name

Testing witnessed, installation inspected, and approval by Borough Representative:

Date: _____

mm/dd/yy

Signature of Borough Representative

Printed Name

Sanitary sewer trap waiver attached if necessary. As dated on Waiver (mm/dd/yy): _____

Other, Explain: _____

**DALE BOROUGH
VERIFICATION OF PAYMENT
AND RECEIPT OF COMPLETED FORM**

Receipt
Stamp



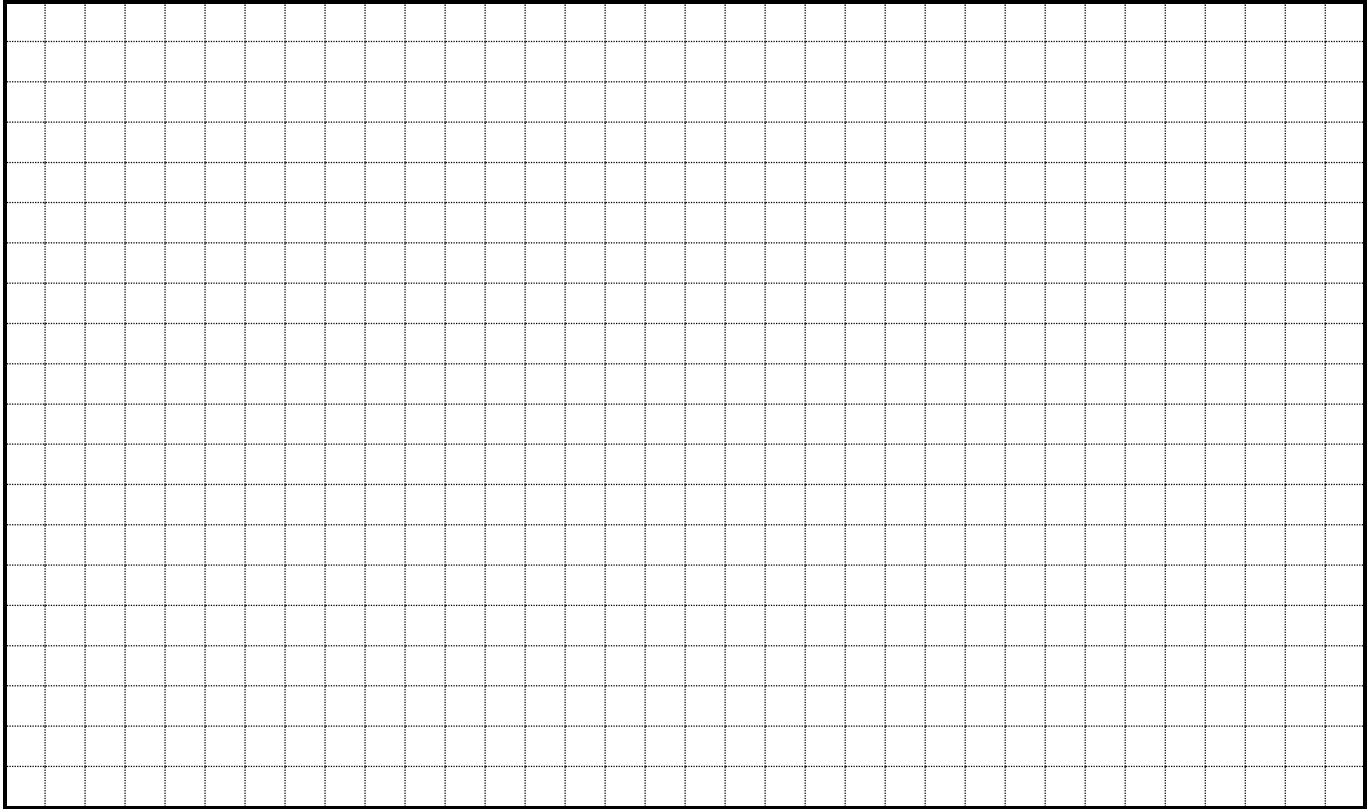
Date (mm/dd/yy): _____

Initials: _____

DALE BOROUGH

SANITARY SEWER CONNECTION INSPECTION AND TESTING

_____	_____	
(Tax Parcel #)	(Property Owner)	
_____	_____	
(Service Address)	(Phone #)	
_____	_____	
(Type of Water Supply)	(Building Use)	(Fee Paid & Receipt #)



Depth at Building: _____ Depth at Connection: _____ Grade: _____

Pipe Material: _____ Pipe Diameter: _____ Pipe Length: _____

Proper Bedding Inspection Tee Clean Out Trap Connection to Lateral

SYSTEM INTEGRITY TEST:

Test Type (circle water or air)

Water/Air Date _____ Time: _____ Passed? Y/ N _____
(Contractor)

Water/Air Date _____ Time: _____ Passed? Y/ N _____
(Address)

Water/Air Date _____ Time: _____ Passed? Y/ N _____
(Phone #)

FOUNDATION DRAINAGE HANDLED BY:

Sump Pump - Discharge Location: _____

Gravity Flow - Discharge Location: _____