

# APPLICATION FOR SANITARY SEWER CERTIFICATE

## BOROUGH OF MUNHALL

1900 West Street • Munhall, PA 15120 • 412-464-7310

www.munhallpa.us

(Please print clearly; incomplete or illegible applications will be returned)

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

House Number: \_\_\_\_\_ Street \_\_\_\_\_ Lot & Block ID \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_

Purchaser's Address: \_\_\_\_\_

Purchaser's Telephone: \_\_\_\_\_

Applicant is to prove the attached form (*Report of Test and Inspection For No. 2-06*) to a registered and licensed Allegheny plumber who shall perform the test indicated thereon and complete the *Report of Test and Inspection* document. Applicant shall return completed *Test and Inspection Report*, this application and a fee of Twenty-five (\$25.00) to receive a Sanitary Sewer Certificate. Check should be made payable to: **Borough of Munhall**.

**IF VIOLATIONS ARE INDICATED ON THE TEST AND INSPECTION REPORT FORM, THEY MUST BE CORRECTED PRIOR TO A SANITARY SEWER CERTIFICATE BEING ISSUED.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# REPORT OF TEST AND INSPECTION

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The undersigned plumber, who is registered and licensed by the Allegheny County Health Department, has performed or supervised a dye test of the following property:

Property Address: \_\_\_\_\_

The test was conducted on: \_\_\_\_\_

The results of the test are as follows:

	Satisfactory Compliance YES	Violation NO
Property Connected to Combined Sewer:	_____	_____
Downspouts and Roof Leader	_____	_____
Area Drains receiving storm or surface water (driveway, etc.)	_____	_____
Fresh air vent (must be of such a height and location as to prevent entry of storm or surface water)	_____	_____

Location of manhole observed: \_\_\_\_\_ Watershed: \_\_\_\_\_

**NOTE:** Explain where the storm water presently drains and the location and circumstances of any violation. Use reverse side of form for additional comments and for a sketch.

**BOTH PAGES OF REPORT MUST BE COMPLETE.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plumber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

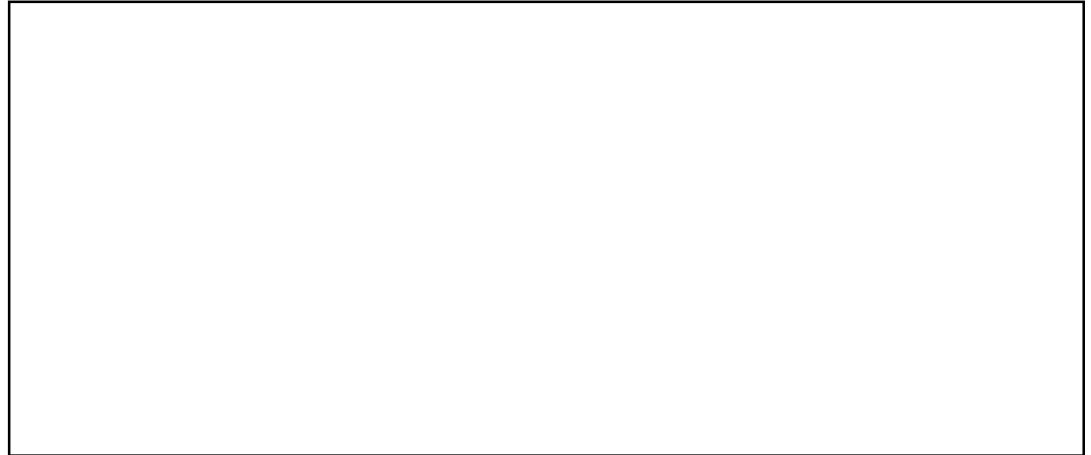
# SKETCH OF TEST AND INSPECTION

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BOROUGH OF MUNHALL

**SKETCH: SHOW STREET, DRIVEWAY AND LOCATION OF DOWNSPOUTS AND DRAINS WITH ARROW LOCATION OF MANHOLE, IF POSSIBLE.**

REAR PROPERTY LINE



BUILDING LINE

STREET LINE



ROAD

COMMENTS:

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