



ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

1744 Rostraver Road, Rostraver Township, PA 15012 (724) 930-7667, FAX (724) 930-9401
TTY/TDD (800) 654-5984 or (800)-654-5988 (Voice only)

APPLICATION FOR DYE TEST/LATERAL INSPECTION

(Please print or type clearly)

APPLICATION DATE: _____

Current Owners Name _____
(Last Name) (First Name)

Test Site Address _____

Parcel ID _____

Applicants Name _____

Contact Phone Number _____ **Email Address** _____

Closing Date _____

Does the premise have any internal french drains or sump pumps? Yes ___ No ___

See instructions for test procedures and fees at www.rostraversewage.com

(AUTHORITY USE ONLY – DO NOT write below this line)

DOCUMENT OF CERTIFICATION

TEST RESULTS AND FINDINGS

Test Fee Paid _____ **TEST NO:** _____

Additional Fees Due _____ **Balance Due** _____

Test Performed by: _____ **Test Date** _____

Dye Test: _____ **PASS** _____ **FAIL** **Lateral Test** _____ **PASS** _____ **FAIL**

Release date _____ **Hold** _____

NOTES _____

RTSA does not guarantee nor warranty the sewer lateral inspected into the home or to the curb, beyond the date of the inspection.

WORKING FOR YOUR HEALTH AND THE ENVIRONMENT