



**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](http://www.rostraversewage.com)

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(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  
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