

RTSA

Rostraver Township Sewage Authority
1744 Rostraver Road, Rostraver Twp, PA 15012
Telephone: 724- 930-7667 FAX: 724-9309401
Email: info@rostraversewage.com Website: www.rostraversewage.com

APPLICATION FOR DYE TEST/LATERAL INSPECTION

Dye Test & Lateral Inspection Fee: \$200.00

The application and payment for testing must be received at least 14-days prior to the scheduled closing date. Payment to RTSA can be made by check, cash or money order.

Date of Application: _____

Cleanout/Vent Location: _____
*The vent and cleanout must be visible and accessible for the inspection. Absence or inaccessibility of the vent and/or cleanout is an **automatic failure**.*

Is Water available at premises? Yes _____ No _____ Faucet location _____
If water is turned off, water must be turned on in order to do testing

Does this property have a Backflow Preventor? Yes _____ No _____

Does this property have a Grinder Pump? Yes _____ No _____

Current Owners Name: _____

Test Site Address _____

Type of Building: Residential _____ Commercial _____

Parcel ID _____ Applicant's Name _____

Contact Phone Number _____ Email Address _____

Closing Date _____

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

IF VIOLATIONS ARE INDICATED AFTER INSPECTION AND/OR TESTING OF THE PREMISES, THE VIOLATIONS MUST BE CORRECTED BEFORE THE INSPECTION REPORT WILL BE ISSUED. IF WEATHER CONDITIONS OR TIME CONSTRAINTS PREVENT THE REPAIRS FROM BEING MADE PRIOR TO CLOSING, PLESAE CONTACT THE RTSA OFFICE AT 724-930-7667 FOR ALTERNATE PROCEDURES.

FOR AUTHORITY USE ONLY

Date Payment Received: _____ Amount: _____
Account No. _____