



**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)

**Dye Test & Lateral Inspection Fee: \$175.00**

**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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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**