RTSA

Rostraver Township Sewage Authority
1744 Rostraver Road, Rostraver Twp, PA 15012
Telephone: 724-930-7667 FAX: 724-930-9401
Email: info@rostraversewage.com Website: www.rostraversewage.com

DYE TEST & LATERAL INSPECTION – APPLICATION

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: _____

Test Site Address: _____

Type of Building: ☐ Residential ☐ Commercial

Parcel ID: _____

Current Owner's Name: _____

Applicant's Name: _____

Contact Phone Number: _____

Email Address: _____

Closing Date: _____

PROPERTY INFORMATION

Property Owner: _____

Property Address: _____

Phone Number: _____

TEST PREPARATION

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, it must be turned on to perform testing.

Does this property have a Backflow Preventer? ☐ Yes ☐ No

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

Any internal French drains or sump pumps present? ☐ Yes ☐ No

SELECT TEST TYPE (CHECK ONE)

☐ Dye & Lateral Test (Full Test) - $200

Includes dye test plus lateral inspection.

☐ Dye Test Only - $75 (If lateral testing was done within 5 years)

☐ Camera / Lateral Inspection Only - $125

☐ Homeowner Using Own Plumber (Includes dye & lateral test, RTSA personnel on-site) - $100

SCHEDULING & AUTHORIZATION

Requested Date: _____

Authorized Signature: _____

Date: _____

NOTICE

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, please contact the RTSA office at 724-930-7667 for alternate procedures.

FOR AUTHORITY USE ONLY

Date Payment Received: _____

Amount: _____

Account No.: _____